American Health Planning Association
Speaker Request Form

Thank you for inviting AHPA to participate in your upcoming meeting. To expedite our review of your request, we ask that you complete the following form and email it to ahpnet@aol.com or fax to 703-573-3101.

NOTE: AHPA cannot accommodate all requests due to limited resources. We will inform you as quickly as possible if an AHPA representative can be secured for your event.

CONTACT NAME:

TITLE:

PHONE:

E-MAIL:

ABOUT THE EVENT:

1. Event:

2. Date:
   Time:
   Location:

3. Sponsoring Organization:

4. Organization Category:
   □ Not-For-Profit □ Private Sector □ Public Agency

5. Type of Organization (check the appropriate item by clicking in the box):
   □ Healthcare Purchaser (Employer)  □ Health Informatics
   □ Provider  □ Consumer Group
   □ Government  □ Health Planning
   □ Other
   Please Specify:

6. Brief Organization Description/History:
7. Topic of Presentation:

8. Presentation *(check the appropriate item by clicking in the box)*:
   - [ ] Keynote
   - [ ] Plenary
   - [ ] Panel
   - [ ] Other
     Please Specify:

9. Approximate Number of Attendees:

10. Attendee Classification *(check all that apply)*:
    - [ ] Employers
    - [ ] Health Informatics
    - [ ] Hospital Executives
    - [ ] Physicians
    - [ ] Consumers
    - [ ] Academics
    - [ ] Insurers
    - [ ] Benefit Consultants
    - [ ] Government
    - [ ] Other
     Please Specify:

11. Expenses Covered *(e.g., travel/accommodations)*:

12. Honorarium:
   - [ ] No
   - [ ] Yes
     Please Specify Amount:

Contact Name (print)/Signature/Date: