

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 ahpanet@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:

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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/accomodations):*

12. Honorarium:

No

Yes
Please Specify Amount:

Contact Name (print)/Signature/Date: