



ABPM

**The American Board
of Podiatric Medicine**

ABPM Speaker Request Form

Thank you for your request in having a member of the American Board of Podiatric Medicine's Speakers Bureau at your upcoming event. Please fill out the form below and e-mail to Grace (grace@abpmed.org) or fax to (310) 861-0445, Attn: Grace. Please provide us with as much notice as possible (i.e. 2-3 months of advanced notice) for when you require a speaker

Date: _____

Program: _____

Contact Person: _____

Contact Phone Number: _____

Contact E-mail: _____

Event Location/Address: _____

Event Date (provide three options): _____

Event Start/End time: _____

Expected Number of Attendees (20 minimum): _____

Requested Speaker choice #1: _____

Requested Topic(s): _____

Requested Speaker choice #2: _____

Requested Topic(s): _____

Requested Speaker choice #3: _____

Requested Topic(s): _____