MPHP Speaking Engagement Request Form

Date of Request: ________________________________

Name of Organization: ________________________________

Requested Date for Presentation: ________________________________

Second Choice: __________________ Third Choice: __________________

Times: ________________________________

(The length of a presentation may be adapted to meet your needs.)

Location of Presentation: ________________________________

Address: ________________________________

Name of Meeting Room: ________________________________

Contact Person: __________________ Phone: __________________

E-mail: __________________ Fax: __________________

Audience: ________________________________

Number of Expected Attendees: ________________________________

Please consider a contribution to MPHP in lieu of an honorarium. Our tax identification number is 43-1572458. Contributions to MPHP are tax-deductible to the extent provided by law. Your organization will be acknowledged in the MSMA annual report as well as MPHP publications.

Signature: ________________________________

Title: ________________________________

PLEASE SUBMIT TO MPHP, ATTN. NANCY MORTON, 680 CRAIG RD., SUITE 308, ST. LOUIS, MO 63141; nmorton@themphp.org