

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
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