



Carolinah Medical Center-Union

Speaker Request Form

Requests should be made 4-6 weeks in advance of the event. All requests must be submitted in writing and will be considered on an individual basis.

Name of Organization _____

Contact Person _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____

Name of Program/Event _____

Day & Time of Program/Event _____

Location of Program/Event _____

Format of Event (Lunch & Learn, Support Group, etc.) _____

What type of speaker would you like? _____

Presentation/Topic _____

How much time will speaker be allotted? _____

Expected Number of Attendees _____

Who is your target audience? General African-Americans Seniors

Men Employees Women Kids/Parents Other _____

Can the location accommodate Power Point (i.e., screen or blank wall)? YES NO

Does location have a projector and laptop hook-up? YES NO

Thank you for your request. Please fax this completed form to Liberty Stroman at 704-225-2881 or e-mail to liberty.stroman@carolinashealthcare.org.