

## **WORKSHOP OR SEMINAR PROPOSAL**

Please complete this form if you are interested in teaching a healthcare workshop or giving a lecture to the community on a healthcare topic. We will review your proposal and contact you if our clinic team is able to accommodate your request to teach.

Your name:
Credentials (MD, DO, RN, NP, etc):
Hospital or Organizational Affiliation and Job Title:
Contact number:
Address:
Email:
Are you proposing a:Workshop ORSeminar (Select one)?
Title:
Duration (how many hours is your talk? Will it be done over several days or one sitting?)

Equipment needed (powerpoint projector, stationary, etc.):
Expected cost:
Audience (adults, children, women, persons with type 2 diabetes, etc.):
Dates available:
Description (please include goals and objectives for your event):
-
·

Please email your form to hghory@yahoo.com We will be in touch with you within 2 weeks.