



## ARAV SPEAKER FORM

*If you are interested in becoming a speaker for ARAV, please complete the form in its entirety and submit to Colin McDermott, ARAV Education Committee Chair at [cmcd.vmd@gmail.com](mailto:cmcd.vmd@gmail.com)*

### SPEAKER LOCATION:

Institution/Hospital Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### SPEAKER CONTACT INFORMATION:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Preferred Method of contact:  Email  Phone

### SPEAKING AVAILABILITY:

Suggested Topics: \_\_\_\_\_

Maximum time/distance willing to travel: \_\_\_\_\_

Ability to lecture remotely (Zoom/Skype etc...):  Yes  No

Expenses:

I require reimbursement of travel expenses

I do not require reimbursement of travel expenses