

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 <u>cmcd.vmd@gmail.com</u>

SPEAKER LOCATION:

Institution/Hospital Name:		
Street Address:		
City:		98011 Zip Code:
Country:		
SPEAKER CONTACT INFORMATION:		
Name:		
Email:		
916-612-9150 Phone Number:		
Website:		
Preferred Method of contact: 🗹 Er	nail 🗌 Phone	
SPEAKING AVAILABILITY:		
Suggested Topics: Reptile prolapses, R	eptile ER, Reptile Reprodu	ctive Disease/Surgery,
I am also able to do Avian and Mammal ta		
Maximum time/distance willing to trav	vel:	probably need travel expenses (dep
Ability to lecture remotely (Zoom/Sky	ype etc): 🗹 Yes [No
Expenses:		
✓ I require reimbursement of trav	el expenses	

I do not require reimbursement of travel expenses