

ARAV SPEAKER FORM

SPEAKER LOCATION:		
Institution/Hospital Name:	Illinois College of Veterin	ary Medicine
Street Address:		
City:	IL State:	Zip Code:
Country: USA		
SPEAKER CONTACT INFORMATION:		
Name: Laura Adamovicz		
Email: adamovi2@illinois.edu		
Phone Number:		
website: https://vetmed.illinois.edu/wel/		
Preferred Method of contact: 🗹 Em	_	
SPEAKING AVAILABILITY:		
Suggested Topics: Infectious diseases, c	diagnostics, general PE, I	nandling, and diagnostic sampling,
research, field work, population manageme		
Maximum time/distance willing to trave	Depends, baby on the	e way
Ability to lecture remotely (Zoom/Sky		
Expenses:		
☐ I require reimbursement of trave	l expenses	
☐ I do not require reimbursement o	of travel expenses	