



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

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