

## **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:	Hospital; Metro Anin	nal Emergency Clinic
Street Address:		
City:		_ Zip Code:
Country:		
SPEAKER CONTACT INFORMATION:		
Name: Christina Miller, RVT, BSc (Ag. Env. Sci.)		
Email:		
Phone Number:		
Website:		
Preferred Method of contact: 🗹 Email	Phone	

## SPEAKING AVAILABILITY:

Suggested Topics:	Several herp and general exotics topics prepared from previous talks: Phone triage	
of exotics emergencies; triage for support staff (once the patient arrives); heating/lighting for herps; etc.		
Maximum time/dist	tance willing to travel:	
	emotely (Zoom/Skype etc): 🗹 Yes 🗌 No	
Expenses:		
🖌 l require rein	nbursement of travel expenses	
🗌 I do not requ	ire reimbursement of travel expenses	