

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 cmmd@gmail.com

SPEAKER LOCATION:		
Institution/Hospital Name:Dove Va	lley Animal Hospital	
Street Address: 4815 E. Carefree Hw	yy #107	
City: Cave Creek		85331 Zip Code:
Country: USA		
SPEAKER CONTACT INFORMATION	DN:	
Name: Kristen Larson		
Email: K2Larson@icloud.com		
Phone Number:		
Website:		
Preferred Method of contact:	Email Phone	
SPEAKING AVAILABILITY:		
Suggested Topics: Reptile Immunological	ogy, Disease studies, especi	ally relating to viral pathogens;
Working with Phoenix Herp. Society; E		
Maximum time/distance willing to	travel: Depends on schedul	e and cost, remote preferred currently
Ability to lecture remotely (Zoom/	'Skype etc): ✓ Yes	□No
Expenses:		
✓ I require reimbursement of t	ravel expenses	
☐ I do not require reimbursem	ent of travel expenses	