



SPEAKER INFORMATION FORM

Name: _____ Office Phone: _____
(Area Code) Number

Program Date: _____ Email Address _____

Program Title: _____

Enclosed please find the following:

1. Copy of the program in which you are to participate.
2. Copy of Contract for Consultants. Please complete and return.
3. Faculty Disclosure Form for signature and return
4. Conflict of Interest Statement
5. Confirmation letter for your lecture.
6. Request for additional audiovisual needs. We provide microphones, podium, lavalier microphone, pointers and projection screens routinely.

_____ Chalkboard

_____ Pens for Transparencies

_____ Videotape Player

_____ LCD Computer Panel

_____ 6 Ft. Table for Panel

_____ Dual 2x2 slide projector

_____ Overhead Projector

_____ 35mm Slide Projector

_____ Easel for Flip Charts

_____ Other; please specify _____

Please return the signed contract, Curriculum Vitae and this completed form by fax to 615-327-6133 or email to bnixon@mmc.edu or you may mail it to the address listed below as soon as possible to:

Office of Lifelong Learning
Meharry Medical College
1005 Dr. D. B. Todd Boulevard
Nashville, TN 37208
(615) 327-6235