



**SPEAKERS BUREAU
ONLINE COMMUNITY REQUEST FOR SPEAKER**

DATE OF REQUEST: _____

NAME: _____

ORGANIZATION:

PHONE NUMBER: _____

E-MAIL ADDRESS _____

SERVICES/TOPIC(S) REQUESTED:

DATE/TIME OF PROGRAM/EVENT: _____

LOCATION OF PROGRAM/EVENT: _____

ALTERNATE DATE: _____

**Please fax to the Department of Community Outreach
at 732-214-0312. Someone will contact you to discuss your request.**

**Thank you for your interest in the
Saint Peter's University Hospital Speakers Bureau.**