

Speaker Request Form

To request an APG speaker for your conference or meeting, please complete this form and email it to jjackman@apg.org. No request will be considered without this information.

Thank you!

| Requested Information | Please Enter Information Here: |
|--|--------------------------------|
| Name of Organization | |
| Brief Description of Sponsoring | |
| Organization (please indicate if APG | |
| member, partner, sponsor, or other) | |
| Contact Name | |
| Phone Number | |
| Email Address | |
| Requested Speaker from APG | |
| Date when you need a final | |
| commitment | |
| Name and Brief Description of Event | |
| (e.g., annual meeting, conference, | |
| seminar, board meeting, etc.) | |
| Date(s) and Time of Event (include | |
| the exact time of presentation) | |
| Is a draft agenda currently available? | |
| (If so please include as an | |
| attachment or send separately) | |
| Event Location & Address: | |
| Conference Hotel (if applicable): | |
| Details of event setup (e.g., podium, | |
| auditorium, banquet room, type of | |
| microphone) | |
| Topic of Requested Presentation | |
| Type and Length of Requested | |
| Presentation (please indicate | |
| whether a speech, "fireside chat," or | |
| another format): | |
| Is a virtual presentation possible or | |
| is this event in-person only? | |
| Is a PowerPoint presentation | |
| requested? (if so please indicate if | |
| the presentation must be received in | |
| advance, by when, and to whom it | |
| should be sent) | |

AMERICA'S PHYSICIAN GROUPS

| How much additional time will be | | | | |
|--------------------------------------|-----|----|------|--|
| allotted for Q&A (if any)? | | | | |
| How long is speaker expected to be | | | | |
| at the event? | | | | |
| Audience Profile: (e.g., physician | | | | |
| group (s), industry, academia, | | | | |
| advocacy group) | | | | |
| Are other speakers invited? If so, | | | | |
| who? | | | | |
| Who will introduce the speaker? | | | | |
| (Please provide bio if available) | | | | |
| Is there anyone specific whom the | | | | |
| Speaker should recognize and/or | | | | |
| thank? | | | | |
| Who will meet APG staff at venue? | | | | |
| Please provide contact info. | | | | |
| Who Will Introduce APG staff (please | | | | |
| provide bio): | | | | |
| | | | | |
| Media coordinator and contact | | | | |
| information, if applicable: | | | | |
| Please describe how this event will | | | | |
| be publicized: in advance, with | | | | |
| signage at the event, and after the | | | | |
| event. | | | | |
| Will members of the news media be | | | | |
| in the audience? | | | | |
| News media organization(s) and | | | | |
| Names of Reporter(s), if known: | | | | |
| Will Event be Recorded? If so, a | | | | |
| copy of the recording will be | | | | |
| required. | | | | |
| Will Event be Livestreamed? | Yes | No | | |
| Will APG staff expenses be covered? | | | | |
| If so please provide instructions | | | | |
| and/or a reimbursement form. | | | | |

| FUR APG USE UNLY: RESPUNSE | AND DATE | |
|----------------------------|----------|--|
| | | |
| | | |
| | | |