



Integrated Healthcare Association

IHA Speaker Request Form

Today's Date: _____ Deadline for Response: _____

Speaking Event:

Speaking Date and Time: _____

Event Location: _____

Name of Organization: _____

Brief Description of Organization:

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Web site: _____

Type of Event (conference, summit, training seminar):

What is the approximate size of the audience? _____

What is the composition of the audience (e.g., physicians, quality managers, chief executives, academics, administrators)?

Presentation Topic: _____

Length of presentation: _____

Name of Requested IHA Speaker: _____

Travel expenses reimbursed? Yes No

Honorarium? Yes No If yes, amount of honorarium: _____

Please send completed form to: Cindy Ernst, Communications Director, IHA

Fax to: 510-444-5842

Email to: cernst@iha.org