

Speaker Request Form for MUSC Nutrition Services

Please complete the form below and fax it to (843) 876-1253. Someone will acknowledge your request within 1-2 business days.

Organization Information:

| | |
|------------------|--|
| Name: | |
| Location: | |

Contact Information:

| | |
|-------------------------|--|
| Name: | |
| Room Number: | |
| Business Number: | |
| Home Number: | |
| Fax Number: | |
| Email Address: | |

Presentation Information:

| | |
|---|--|
| Topic: | |
| Objective: | |
| Day / Time | |
| Alt. Date 1/ Time | |
| Alt. Date 2/ Time | |
| Length of presentation | |
| Type of Audience | |
| Audience knowledge level regarding the topic | |
| Number expected to attend | |

Indicate your planned method of payment: check cash
(Please make checks payable to the *MUSC Digestive Disease Center*)

Please indicate your agreement with the following via signature below:

- 1. Payment will be made in full before/on the day of the dietitian's presentation. Arrangements must be communicated to Katherine Boyce, Outpatient Nutrition Manager, at (843) 876-0479 or via email: nashatke@musc.edu**
- 2. The dietitian has the authority to market MUSC dietetic services during this presentation.**

Signature:_____ Date:_____

You will receive a post-survey following this presentation. We appreciate your feedback regarding your experience with the speaker. Thank you!