



NCQA SPEAKERS BUREAU REQUEST FORM

Today's Date:		Deadline for Response:	
Name of Organization:			
Briefly Describe Organization:			
Contact Name:			
Street Address:			
City:		State:	Zip Code:
Phone:		Fax:	
E-mail:			
Type of Event (e.g., seminar, conference):			
Event Topic/Title:			
Speaker Topic:			
Audience (e.g., academic, medical professionals, health plan administrators, employers, consumers):			
Requested NCQA Speaker: (Refer to list of speakers on the Speakers Bureau page of our Web site)			
Length of Speaker Presentation:			
Approximate Number of People Attending:			
Date and Time:			
Event Street Address (if not at your organization):			
City:		State:	Zip Code:
Will you pay travel expenses? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you offering an honorarium? Yes <input type="checkbox"/> No <input type="checkbox"/> Amount:			

Please fax or e-mail completed form to:
 NCQA Speakers Bureau at (202) 955-3599; SpeakersBureau@ncqa.org