Hamilton Niagara Haldimand Brant **LHIN**
RLISS de Hamilton Niagara Haldimand Brant

264 Main Street East,
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Speaker's Bureau – Request Form

Please complete the form below and fax to (905) 945-1992 or email to hamiltonniagarahaldimandbrant@lhins.on.ca.
You will be contacted by the HNHB LHIN within three business days to clarify your request.

Organization:_____

Contact Name:_____

Contact Mailing Address:_____

Daytime Phone #:_____ Contact Email:_____

Event Date*:_____ Alternate Event Date*:_____

Expected Speaker Arrival Time:_____ Approximate Presentation Time:_____

Speaking Time allocated:_____ Estimated # of attendees:_____

Location of Event (including venue name and room #):_____

Will a laptop with PowerPoint be provided? ☐ Yes ☐ No Will an LCD projector be provided? ☐ Yes ☐ No

Will handouts be required? ☐ Yes ☐ No Will there be a Q&A component? ☐ Yes ☐ No

What are you asking of the speaker?

☐ Presenter ☐ Keynote Speaker ☐ Meet and Greet ☐ Panel Member

☐ Other (please describe) _____

Please indicate other presenters or panel members if applicable:_____

Who will be the expected audience (please check all appropriate boxes):

☐ Board of Directors ☐ Community Members ☐ Networks ☐ Staff Members

☐ Interest Groups ☐ Volunteers ☐ Community Support Orgs. ☐ Decision makers

☐ Health Service Providers ☐ Health Professionals ☐ Fundraisers ☐ Planners

☐ Other (please describe)_____

Please indicate what you would like to learn about or discuss with the LHIN:

1. _____
2. _____
3. _____

Please include any additional information about your event:

_____

_____

_____

**Please note: Three weeks notice is preferred; however, we will do our best to accommodate your request whenever possible. Thank you.*

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé