

SPEAKER COMMITMENT FORM

Educational Activity _____

Date (s) _____

Name (Printed) _____ Degrees _____

Honoraria check to be made out to (if applicable) _____
(only if different than above)

S. S. Number/Tax I.D. Number _____
(Necessary for Honorarium)

Institutional Affiliation _____

Department _____

Academic Titles _____

Work Address _____
(Business Name, Suite, Street, City, State, Zip Code)

Work Phone Number () _____ E-mail Address _____

Fax Number () _____ Beeper Number _____

Home Address _____

Hotel Reservations needed: yes or no Date needed: _____

The following AV Equipment will be STANDARD in the meeting room:

Large projection screen Lectern with microphone Lavalier microphone Laser Pointer

Please check one or more of the following and return this form ASAP to the address below.

I will present using Powerpoint (strongly recommended) and email my presentation to Nancy.DeRita@stjohn.org or mail a disk with my presentation one week before symposium date.

I will present using 35 mm slides. I will submit an outline or handout to the Medical Education office at least two weeks before symposium date so that it may be copied and distributed.

In addition to the standard setup, I will need the following equipment: _____

By signing this I certify that I am not receiving any additional remuneration directly from any commercial source.

SIGNATURE _____ DATE _____

Please send or fax to: St. John Hospital – Medical Education
22101 Moross
Detroit, MI 48236

Phone (313) 343-3877
Fax (313) 343-7840