



# HOUSTON HEALTHCARE

## Speakers Bureau Request Form

**Please provide the following information:**

Name of Organization \_\_\_\_\_ Date submitted \_\_\_\_\_

Organization contact person \_\_\_\_\_

Contact email \_\_\_\_\_ Phone number \_\_\_\_\_

Preferred day/date \_\_\_\_\_ Preferred time \_\_\_\_\_

Topic(s) of interest \_\_\_\_\_  
\_\_\_\_\_

Anticipated number in attendance \_\_\_\_\_

Target audience/Age of audience \_\_\_\_\_

Event location (include entire address, city, and zip code) \_\_\_\_\_  
\_\_\_\_\_

Would you like additional materials regarding our System or healthcare services? If so, please list specific areas of interest. \_\_\_\_\_  
\_\_\_\_\_

Please tell us about your group \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit the completed form by mail to the Marketing Department, 1601 Watson Boulevard, Warner Robins, Georgia 31093 or by email to [mstanley@hhc.org](mailto:mstanley@hhc.org). After receiving your request, we will verify the speaker's availability and send you a speaking engagement confirmation by email.

For additional questions, please contact Marketing at (478) 975-6585.