

Speakers Bureau Request Form

Complete the form below to request a speaker for your organization/event.

Please provide the following information:

Name of Organization: _____ Date: _____

Contact Person for this Request: _____

Contact Email (required): _____ Phone #: _____

Preferred Event Day/Date: _____ Preferred Time: _____

Topic(s) of Interest: _____

Anticipated Number in Attendance: _____

Target Audience: _____ Median Age of Audience: _____

Please tell us about your group:

Event Location:

Address: _____ City: _____ Zip Code: _____

Would you like additional materials regarding our System or healthcare services?

If so, please list specific areas of interest: _____

How To Submit The Form:

The completed form can be submitted via mail or email (see contact info below):

MAIL:

Emory Hospital Warner Robins
ATTN: Marketing Dept / Speakers Bureau
1601 Watson Boulevard
Warner Robins, GA 31093

EMAIL:

marketing@hhc.org

After Receiving Your Request, the Marketing Department will review the request, verify a speaker's availability, and send a speaking engagement confirmation/denial to the email listed above.

For additional questions or more information, please contact our Marketing Department at:

Phone: (478) 975-6585

Email: marketing@hhc.org

