alzheimer's association®

Houston & Southeast Texas Chapter

All requests must be received 30 days prior to event date.
For bilingual audiences a 45 day notice is required.

Speaker Request Form

Today's Date: _____

Requesting Organization: _____

Contact Person: _____

Telephone Number: (_____)_____-_____ Email Address:_____

Event Date:

Choice #1: (___/___/___) Time of Day: _____

Choice #2: (___/___/___) Time of Day: _____

Choice #3: (___/___/___) Time of Day: _____

Expected Number to Attend: _____
(*Must have a minimum number of 10 participants)*

Presentation Duration: _____ **Set Up Time**:_____
(Someone from your organization must be present 30 minutes prior to presentation so the speaker can set up)

Event Location/Building Name: _____

Physical Address (with zip code):_____

May we publish this event on our website? ☐ Yes or ☐ No

If yes, who is the RSVP contact? (Name, Telephone) _____

Target Audience:

☐ Social Workers ☐ Nurses ☐ Physicians

☐ Direct Care Workers ☐ Other Healthcare Professionals: _____

Are CEUs required? ☐ Yes ☐ No If yes, please list what type of CEU below:

_____

Do you need a bi-lingual presenter? (specify language) _____

Program Topic: (A full program menu is available on the website or by request. Here are some potential topics.)

☐ Alzheimer's Disease vs. Dementia ☐ Behavior Management
☐ Knowledge of Stages ☐ Communicating and Interacting with Persons with Dementia
☐ Safety First
☐ Other *(please specify topic areas you would like to have addressed)*:

_____

_____

Please return via fax or email to: Daniel Heathcock, 713.314.1315 or daniel.heathcock@alz.org.
You will be notified of confirmation receipt within 7 business days of receiving the request.