

## CEHC Speaker Request Form

To request a speaker from The Children's Environmental Health Center at Mount Sinai Hospital, please complete this form and email your request to [Megan.markham@mssm.edu](mailto:Megan.markham@mssm.edu).

**Please provide a minimum of two weeks advance notice.**

Name:	Company/ Organization Name:
Phone:	Email:
Address of Speaking Engagement:	

**Speaker Request Details:**

\*Please note the suggested speaker's fee is \$500  
Please make check payable to: Children's Environmental Health Center (CEHC), One Gustave Levy Place, Box 1057, New York, NY 10029

Date Requested: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ a.m. / p.m.

Audience Profile:   \_\_\_ Medical \_\_\_ Research \_\_\_ Community/Parents \_\_\_ Students \_\_\_ Community Organization  
Other \_\_\_\_\_  
Number of Attendees Anticipated: \_\_\_\_\_

What would you like the presentation to cover?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be doing an evaluation after the presentation? Yes \_\_\_ No \_\_\_

For CEHC Use Only:  
Confirmed Speaker: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Confirmed given to: \_\_\_\_\_ on date: \_\_\_\_\_