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.

Please provide a minimum of two weeks advance notice.

Name: __________________________________________________

Phone: ________________________________________________

Address of Speaking Engagement: ____________________________

Company/ Organization Name: ________________________________

Email: __________________________________________________

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: __________________________

The CEHC reserves the right to provide materials and a sign-in sheet on the day of the event.