

New Jersey Department of Health
Communicable Disease Service
PO Box 369
Trenton, NJ 08625-0369

SPEAKERS BUREAU REQUEST FORM

Please submit request at least 12 weeks in advance of your event. Use a separate form for each request.
Email completed forms to suzanne.miro@doh.nj.gov

Name of Requester: _____ Date of Request: _____

Title: _____ Agency Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Presentation: _____ Time: _____

Length of Presentation: _____ Audience Size: _____

Audience type (e.g., physicians, nurses, public health professionals)

Topic requested: _____

Location of Presentation: _____

Note* – Please forward a copy of the event agenda if available so our staff can complete the appropriate approval paperwork.

FOR NJDOH USE ONLY

Date Request Received	Name of Speaker Provided	Number in Attendance
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