

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

**SPEAKERS' BUREAU REQUEST**

*Please print clearly – use a separate form for each request.  
Fax completed form to the attention of Suzanne Miro at 609-826-4874.*

Date of Request: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Title: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_ Time: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_

Audience type:  
(e.g., public group, physicians,  
health officers, nurses, etc.): \_\_\_\_\_

Audience Size: \_\_\_\_\_

Topic Requested: \_\_\_\_\_

Location of Presentation: \_\_\_\_\_

***\*Important: Please forward a copy of agenda, if available.***

FOR NJDOH USE ONLY		
Date Request Received	Name of Speaker Provided	Number in Attendance: