

SPEAKER DATA SHEET

Speaker Name: _____ Title: _____

Hospital/Company: _____

Mailing Address: _____

Telephone: _____ FAX: _____

Is Speaker member of HFMA Yes _____ No _____ KMGMA Yes _____ No _____

If Yes: HFMA member # _____ Chapter _____

Is there a speaker fee? Yes _____ No _____

If yes, what is the fee? \$ _____; Travel _____ Lodging _____

NOTE: ALL FEES MUST BE APPROVED IN ADVANCE BY THE COMMITTEE.

Name of the Presentation: _____

Date of the Presentation: _____ Time of the Presentation: _____

Brief Description of the Topic: _____

Speaker Biographical Information (or attach sheet):

Does the speaker need any audio/visual aids? Yes _____ No _____

If yes, please check the appropriate areas:

_____ Overhead Projector & Screen _____ Slide Projector & Screen _____ TV with VCR

_____ TV _____ Easel with Writing Pad

_____ Other: Please specify _____

Your Name _____ Telephone # _____

FAX # _____

Will you be available to introduce the speaker? Yes _____ No _____

Please return to: