

SPEAKER REQUEST FORM FOR DME EVENTS

Thank you for requesting Noridian's DME Outreach and Education team participation at your event. We will evaluate the information you provide to determine our possible participation.

Contact Information

Name of Group/Entity:

Contact Name:

Telephone Number:

Email Address:

Meeting Information

Request representative from: Jurisdiction A Jurisdiction D Both

Education Type: Webinar Face-to-Face Teleconference

Name of Event: Location:

Date: Time: Length of Meeting:

Duration of Noridian Participation: Anticipated Audience Size:

Requested Training Topics:

Date Response is Needed:

Is this an annual or re-occurring event? Yes No

Comments / Additional Information

Email the completed form to dmewebinars@noridian.com with the subject line of "Collaboration Request".

Disclaimer: The requestor agrees to provide the means to project the presentation that Noridian will send to them prior to the event.