

## 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:

Phone 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:

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](mailto:DMEWebinars@Noridian.com) the completed for the DMEWebinars@Noridian.com.

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