



WORKSHOP OR SEMINAR PROPOSAL

Please complete this form if you are interested in teaching a healthcare workshop or giving a lecture to the community on a healthcare topic. We will review your proposal and contact you if our clinic team is able to accommodate your request to teach.

Your name: _____

Credentials (MD, DO, RN, NP, etc): _____

Hospital or Organizational Affiliation and Job Title: _____

Contact number: _____

Address: _____

Email: _____

Are you proposing a: ___ Workshop OR ___ Seminar (Select one)?

Title: _____

Duration (how many hours is your talk? Will it be done over several days or one sitting?)
