

PSPA Speaker's Bureau Application

Name : _____

Title: _____

Address : _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone: _____

Email address: _____

Preferred method of contact: _____

PSPA region: _____ PSPA number: _____

Lecture topic: _____

Learning objectives:

Lecture topic: _____

Learning objectives:

Have you had Pharmaceutical support for previous lectures? Yes No

If so, please list companies and grant websites for PSPA to apply for speaker grants:

Without a speaker grant, the honorarium is \$300 or complimentary fellow conference tuition.

Please attach current Curriculum Vitae to this request and send to
PSPA PO Box 128 Greensburg, PA 15601 or conference@pspa.net

Thank you for your support of the PSPA – If we are interested in having you present a lecture, we will contact you. Applications are kept for a minimum of 2 years. Feel free to update you application at any time.