

PHYSICIAN HEALTH SERVICES, INC.

Speaking Engagement Request Form

Today's Date: _____ Name of Your Organization: _____

Requested Date and Time for Presentation:

The length and content of a PHS lecture can be adapted to meet the needs of your organization or event.

First Choice: _____ Time: _____

Second Choice: _____ Time: _____

Third Choice: _____ Time: _____

Topic of Presentation: _____

Location of Presentation: _____

Name of Meeting Room: _____

Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Audience (Primary Specialty in Attendance): _____

Number of Attendees Expected: _____

PHS is a nonprofit 501(c)3 corporation of the Massachusetts Medical Society and is able to receive charitable contributions. Please consider a contribution to PHS in lieu of an honorarium. Our tax ID number is 22-3234975. Contributions (to PHS) are tax deductible to the extent provided by law.

Total Contribution: \$ _____

Travel Expense Reimbursement Offered: _____

CME Credit: Each accredited organization can offer CME credit for this program.

Please complete and fax or send this form to:

Attn: Deanna Biddy

Fax: (781) 893-5321 Phone: (800) 322-2303, ext. 7404

Physician Health Services, Inc., 860 Winter Street, Waltham, MA 02451-1414

Email: debiddy@mms.org