

**ALABAMA BOARD OF NURSING**  
**P.O. BOX 303900**  
**MONTGOMERY, ALABAMA 36130-3900**  
**334-293-5200**

Fax: 334-293-5201

Email: abn@abn.state.al.us

***SPEAKER REQUEST FORM***

*The Alabama Board of Nursing provides speakers and/or educational information. In order to make our services more effective and efficient please provide the following information:*

**Date of Request** \_\_\_\_\_

**Speaker Requested:** Board Member \_\_\_\_\_ Staff Member \_\_\_\_\_

**Organization Making Request** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

**Contact Person for Presentation** \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

e-mail \_\_\_\_\_

Will this information be the same on the day of the program? \_\_\_Y \_\_\_N (if no, please provide other)

**Information Regarding Presentation:**

Is this a Continuing Education Program? \_\_\_Y \_\_\_N Do you have a Provider #? \_\_\_Y \_\_\_N

If not, do you wish for Continuing Education to be provided? \_\_\_Y \_\_\_N

\*Is this program generating revenue? \_\_\_Y \_\_\_N

Date desired for this Presentation \_\_\_\_\_ Alternate Dates Available \_\_\_\_\_

Preferred Time of Presentation \_\_\_\_\_ Alternate Times Available \_\_\_\_\_

Duration of Presentation \_\_\_\_\_

Number of Expected Participants \_\_\_\_\_

Status of Participants (students, professionals, etc) \_\_\_\_\_

**Location of Presentation:**

Name of Building and Location \_\_\_\_\_

Room Number \_\_\_\_\_

Parking Available \_\_\_Y (please provide directions) \_\_\_N

**Audio-Visuals Available for Speaker:**

Overhead Projector \_\_\_Y \_\_\_N

Power Point \_\_\_Y \_\_\_N Remote Control \_\_\_Y \_\_\_N

Microphone \_\_\_Y \_\_\_N Portable Microphone \_\_\_Y \_\_\_N

Will there be assistance with equipment on site? \_\_\_Y \_\_\_N

**Topic Requested** \_\_\_\_\_

Learning Objectives 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**If applicable, please provide additional seminar/program objectives and a draft of any marketing materials.**

\*The Alabama Board of Nursing may assess a fee for presentation of programs that generate revenue. Ala. Admin. Code 610-X-4-.16(5)(1999).

Approved 11/3/1999

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**N. Genell Lee, MSN, RN, JD**  
**Executive Officer**