**Speaker Request Form**

Please complete this form and send it to [cborkoski@aarp.org](mailto:cborkoski@aarp.org). Please put "SPEAKING REQUEST" in the subject line of your e-mail and include any supplemental material that you feel would be useful. CCNA staff will contact you to follow up on your request.

|  |  |
| --- | --- |
| **State Action Coalition or requesting organization:** |  |
|  | ***If not a State Action Coalition, have you contacted your local AC?*  Yes  No** |
| **City and State:** |  |
| **Name of event:** |  |
| **Event date and time:** |  |
| **Requested Future of Nursing: *Campaign for Action* spokesperson:** |  |
| **Audience composition** *(e.g., health care*  *industry, federal, state or local officials)***:** | **Nursing  Non-Nursing Health Leaders  Funders  Education Leaders**  **Business Leaders  Government  Expected Attendance \_\_\_\_\_\_\_\_\_\_** |
| **Audience size** | **(10-25)  (25-50)  (75-100)  (100+)** |
| **Suggested speech topic:** |  |
| **Issue area (education, practice, etc.):** |  |
| **Is this the first presentation by a campaign spokesperson?** *If no, who was the previous speaker, topic, and outcomes?* |  |
| **Objectives** *(please explain in a few sentences the goals of the event)***:** |  |
| **Outcomes** *(please explain how this visit will advance the the Future of Nursing: Campaign for Action, both for the State AC and the national campaign)***:** |  |
| **Other Meetings** *(Are there other events or meetings that could be arranged in order to maximize the speaker’s visit?)***:** |  |