**Speaker Request Form**

Please complete this form and send it to 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.

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| --- | --- |
| **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?)***:** |  |