

## Speaker Registration Form

*The objective of the Speaker's Bureau is to inform, educate, and increase understanding of niche topics. If you believe your area of expertise or personal training can lend itself to advancing the knowledge of the individual, community, and societal impact for tobacco control leaders, we encourage you to enroll in our Speaker's Bureau. As a member, you agree to be contacted and considered for speaking engagements that align with your expertise and experience.*

### Contact Information

**First Name:**

**Last Name:**

**E-mail Address:**

**Phone Number:**

**City:**

**State:**

**Zip Code:**

### Background and Expertise

**Are you registering as an independent speaker or representative of an organization?**

- Independent
- Representative
- Both

**If you're registering as a representative:**

**Name of Organization or Institution:**

**Role:**

**Do you require clearance before speaking at events?**

- Yes
- No

**If yes, from whom (Name and Contact Information):**

**How long does clearance normally take?**

**How long have you worked in tobacco control, if applicable?**

**Education (Optional):**

**Area(s) of Expertise**

**Please identify the area(s) of expertise that you feel comfortable speaking about at events. (Select all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Commercial vs. Traditional Tobacco   | <input type="checkbox"/> Multi-Unit Housing  |
| <input type="checkbox"/> Education Campaigns  | <input type="checkbox"/> New Regulations and Guidance  |
| <input type="checkbox"/> Electronic Nicotine Delivery Systems   | <input type="checkbox"/> Novel and Future Tobacco Products                                     |
| <input type="checkbox"/> Endgame strategies   | <input type="checkbox"/> Smokeless Tobacco   |
| <input type="checkbox"/> Environmental Impact of Tobacco Products Waste   | <input type="checkbox"/> Tobacco Cessation   |
| <input type="checkbox"/> Flavored Tobacco Products  | <input type="checkbox"/> Tobacco endgame policy ideas from around the world                    |
| <input type="checkbox"/> History of Tobacco Control   | <input type="checkbox"/> Tobacco Industry Documents  |
| <input type="checkbox"/> Impact of Secondhand/Thirdhand smoke   | <input type="checkbox"/> Tobacco industry interference in policy making                        |
| <input type="checkbox"/> Lived Experience (i.e. former or current person who smokes, or person that suffers from second-hand smoke) | <input type="checkbox"/> Tobacco Policy Update   |
| <input type="checkbox"/> Other, please specify:   | <input type="checkbox"/> Tobacco Retail License  |
| _____   | <input type="checkbox"/> Tobacco's contribution to health inequity in marginalized communities |

**Please describe your public speaking experience or perspective either in general or as it pertains to the to the areas of expertise you indicated in the question above.**

### **In Person and Virtual Events**

**In-Person Events during COVID:** If safety precautions are set in place, would you feel comfortable speaking at in-person events?

- Yes
- No

**Virtual Events:** Do you require technical assistance such as downloading the Zoom app or using the Zoom features for virtual events?

- Yes
- No