

Speaker Request Form

Do you need someone who can help you educate others about a specific topic? Let our team find the right person for you. Please note that there is no cost to utilize this service. To ensure we have enough time to coordinate a speaker for your event, it is preferable that you submit a request AT LEAST #_____ (days/weeks/months) in advance.

Event Information

Name:

Date:

Time:

- If date and time are unknown or flexible, please provide a general time frame for the speaker to consider.

Location:

Audience: (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> African/Black Community | <input type="checkbox"/> Investors |
| <input type="checkbox"/> American Indian or Alaska Native Community | <input type="checkbox"/> Latina/o Community |
| <input type="checkbox"/> Asian Community | <input type="checkbox"/> LGBTQ+ |
| <input type="checkbox"/> Councilmembers or Board of Supervisors | <input type="checkbox"/> Local Businesses |
| <input type="checkbox"/> Educators | <input type="checkbox"/> Native Hawaiian and Pacific Islander Community |
| <input type="checkbox"/> Environmental Advocates | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Faith Communities | <input type="checkbox"/> Retailers |
| <input type="checkbox"/> Families | <input type="checkbox"/> Rural Communities |
| <input type="checkbox"/> Healthcare Workers | <input type="checkbox"/> Youth |

Speaker Preferences

Please identify the expertise you are looking for in a speaker: (Select all that apply)

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

Please describe the key takeaways your speaker needs to address during this event.

Requestor Contact Information

Organization or Institution Name:

Request Submitted by:

Role:

E-mail:

Phone Number: