



**SHORE MEMORIAL**  
HOSPITAL

*Embracing Excellence*

**SMH SPEAKERS BUREAU**

**Date of request:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Topic:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Alternate date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Do you have AV projector and screen available on site?** \_\_\_\_\_

**Brief description of organization and audience:**

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**Please fax or email form to:**

Attn: Melissa Vola

Fax: 609-927-8692

Phone: 609-653-4500

speakersbureau@shorememorial.org

Internal Use:

Speakers:

Confirm: