

# PNHP Grand Rounds Speaker Request Form

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Name of hosting University / Medical School / Hospital

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Address or location of grand rounds presentation

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Name (chief resident / grand rounds coordinator)

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Contact email address / phone number

**Grand Rounds Topic:**

Single payer reform       Pharmaceutical reform       Other \_\_\_\_\_

**Medical Specialty:**

Emergency medicine                       Family and Internal medicine       Pediatrics  
 Psychiatry & Neurology                       Obstetrics & Gynecology               Other \_\_\_\_\_

**Location of your institution:**

North East       North Central                       Southern                       Western

**Day of the week:**     Mon    Tue    Wed    Thur    Fri    Sat/Sun

**Time of grand rounds:** \_\_\_\_\_am/pm

**Specific requested dates:** \_\_\_\_\_

**Speaker Options:**     Local Speaker       No preference

For a list of speakers in your area, please visit [www.pnhp.org/speakers](http://www.pnhp.org/speakers)

**First choice of speaker** \_\_\_\_\_

**My institution is able to pay travel expenses for an out-of-region speaker:**

Out-of-town speakers appreciate support for travel and housing.     Yes    No

Additional comments or speaker requirements:

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Please return this form by mail to Physicians for a National Health Program 29 E. Madison Street, Suite 1412, Chicago, IL 60602 or by fax to (312) 782-6007 or online at [www.pnhp.org/grandrounds](http://www.pnhp.org/grandrounds).