PNHP Grand Rounds Speaker Request Form

Name of hosting University / Medical School / Hospital

Address or location of grand rounds presentation

Name (chief resident / grand rounds coordinator)

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

First choice of speaker ____________________________

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