

DSC Speaker Request Form

Thank you for your interest in the Disparities Solutions Center at Massachusetts General Hospital (www.mghdisparitiessolutions.org). To help us manage requests for speakers we ask that you complete the form below with as much detail as possible. Please return to:

DisparitiesSolutions@partners.org

Contact Person	
Organization	
Phone Number	
Email Address	
Name of Meeting/Event	
Date(s) of Meeting/Event	
Location of Meeting/Event <i>(City/State or virtual)</i>	
Brief Description of Meeting/Event <i>(Audience, size, etc.)</i>	
Topic <i>(Please specify what topic(s) you would like to speaker to address and any contextual information the speaker should know)</i>	
Speaker Requested	
Please indicate the type of engagement <i>(keynote, panel, lecture, web seminar, etc)</i>	

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Length and Time of Speaking Engagement	
Amount of honorarium offered for speaker's time <i>(To cover speaker's time and any preparation for the presentation (including prep calls) we generally encourage an honorarium/stipend)</i>	
Please specify the travel expenses that will be covered <i>(Flight, hotel, transportation, etc.)</i>	
Type of Organization <ul style="list-style-type: none">• Hospital (please indicate whether public, nonprofit, for profit)• Health plan (please indicate whether Medicaid)• Community health center (please indicate whether FQHC)• Community based organization• Government organization• Other (please indicate organization type)	
Any other information you would like to share?	
How did you hear about us?	