PHYSICIAN HEALTH SERVICES, INC.
Speaking Engagement Request

Today’s Date: _________________________________

Name of Your Organization: _________________________________

Requested Date and Time for Presentation:
The length of a PHS lecture can be adapted to meet your needs (from 1-2 hours)

First Choice: ______________________________________________

Second Choice: ______________________________________________

Third Choice: ______________________________________________

Topic of Presentation: _______________________________________

Location of Presentation: _____________________________________

Name of Meeting Room: _______________________________________

CME Contact Person: _________________________________________

Phone: _______________ Fax: _______________ Email: _______________

Audience (Primary Specialty in Attendance): _______________________

Number of Attendees Expected: ________________________________

PHS is a non-profit 501(c)3 corporation of the Massachusetts Medical Society and is able to receive charitable contributions. Please consider a contribution to PHS in lieu of an honorarium. Our tax I.D. number is 22-3234975. Contributions (to PHS) are tax deductible to the extent provided by law.

Total Contribution: $_____________________________

CME Credit: Each accredited organization can offer CME credit for this program.

Please complete and fax or send this form to:

Fax: (781) 893-5321 Phone: (800) 322-2303 ext. 7404
Physician Health Services, Inc., 860 Winter Street, Waltham, MA 02451-1414