

MAFP 2020 CME on the Coast Conference SPEAKER INFORMATION FORM

It is our pleasure to have you as a speaker during our meeting. In order that we may arrange specifics for your presentation, please complete the following as soon as possible and return to MAFP office.

Hotel Accommodations

Arrival Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

Mode of Transportation: Air _____ Car _____

My spouse will _____ will not _____ attend the meeting. Spouse's name: _____

_____ I will make my own reservations. (*Housing Request Form Enclosed*)

_____ I would like the MAFP to make my reservations.

Contact Information

Cell: _____ Home Phone: _____

Office: _____ Assistant's Name: _____

Fax: _____ Assistant's Phone: _____

E-mail: _____ Assistant's E-mail: _____

Audiovisual Requirements:

I will need the following equipment:

- | | |
|--|--|
| <input type="checkbox"/> Laptop Computer | <input type="checkbox"/> Laser Pointer |
| <input type="checkbox"/> LCD Panel Projector | Other _____ |

Information for Printed Materials:

Please print **EXACTLY** as you wish to be listed in program and other printed material.

Name (including suffix): _____

Current Title/Position: _____

Office/Clinic Name: _____

Title of Presentation: _____

Please complete the following information to be included in the attendees' syllabus.

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Please e-mail a **short biography** or introduction to beth@msafp.org. You may include school(s) attended, organization involvement or anything you wish to be included in your introduction.

If you are to receive an honorarium, please include your social security number: _____ - _____ - _____
You will be issued a 1099 MISC in January.

Return form to:

MAFP • 755 Avignon Drive • Ridgeland, MS 39157
Phone: 601-853-3302 • Fax: 601-853-3002 • beth@msafp.org