

# MAFP Annual Scientific Assembly 2021 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](mailto: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](mailto:beth@msafp.org)