



MEDICAL EDUCATION SPEAKERS NETWORK

Speakers for Physician, Nursing, Dental and Community Education Programs



SPEAKER INFORMATION FORM

General Information (Please print or type)

Name _____

Academic or Professional Title _____

Organization _____

Office Address _____

Home Address _____

Telephone _____

Fax _____

Email Address _____

Website _____

Cellular Telephone _____

Home Telephone _____

Page Number _____

A. Minimum Honorarium: any amount I will consider all request \$ _____

B. Please list lectures you would like to be considered for (e-mail or attach a complete list if more space is needed):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

You are not held to a contractual obligation through MESN, however we do ask that in good faith, if an organization calls you in response to our advertisements or a previous speaking engagement scheduled through MESN, you will refer them back to our service. Submission of this form by the below signed or above mentioned constitutes permission for MESN to publish the information in print or in any other form. MESN reserves the right to select information consistent with style, standard, and limitation in space. MESN WILL ONLY PUBLISH SPEAKER NAME, TITLE, ORGANIZATION AFFILIATION, AND LIST OF PRESENTATIONS. In the event of errors in publication, MESN, Inc. sole responsibility will be to correct such errors in, whether arising from negligence, contract, or other cause to any party for errors published. All speakers agree to have all speaking invitations, which were a result of MESN marketing, go through the offices of MESN.

Signature _____ I verify that the above information is correct Date _____

Please send your completed form along with a copy of your CV/Resume (we prefer CV's by email) to: