



Greater St. Louis  
DENTAL SOCIETY

# Outreach Ambassadors Request for Speaker Form

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Time: \_\_\_\_\_

Approximate # in Attendance: \_\_\_\_\_

Equipment Available: TV \_\_\_\_\_ Projector \_\_\_\_\_ Other: \_\_\_\_\_

Type of Audience:  Children – Ages: \_\_\_\_\_

Senior Citizens

Health Fair

Career Fair

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our Outreach Ambassadors? \_\_\_\_\_

\_\_\_\_\_

**\*Please Request a Speaker 6-8 Weeks in Advance\***

*FOR OFFICE USE ONLY*

Date Received: \_\_\_\_\_ District: \_\_\_\_\_ Speaker Assigned: \_\_\_\_\_