

**ASHP Foundation  
Leadership Speakers Bureau**

**Name (First, MI, Last):**

**Current Position Title:**

**Email Address:**

**Business Telephone:**

**Fax:**

**Name of College or School of Pharmacy and Business Address:**

**Faculty:**

**Proposed Budget**

You may request up to \$200 for your event, and the funds may be used for the categories listed below. After your request has been received, you will be notified of approval within 5 business days. Please note that to receive reimbursement for your expenses, original receipts must be submitted.

Advertising

Local Logistics

Refreshments

Speaker Support

Total

**Proposed Date of Program**

Month

Day

Time

Venue

Number of Students Expected to Attend:

# ASHP Foundation Leadership Speakers Bureau

## Speaker Information

If you have not yet selected a speaker and would like help in identifying someone for your event, please check the box below. An ASHP Foundation staff member will contact you to help identify a speaker for your event.

Yes

No

## Speaker Information

If you have already selected a speaker, please provide the speaker's information here

Name

Email Address

Phone Number

In the event we are unable to locate a speaker in your area, would you be interested in a virtual presentation?

Yes

No