

**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