



LINKING HEALTH, EDUCATION, RESEARCH AND PUBLIC SAFETY

## **Information Request Form**

### **Requestor Information**

Name: \_\_\_\_\_

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

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

Name of Primary Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Type of Request**

Information only

Slides

Fact Sheet

UAMS speaker to present information

### **Event Information**

Name of Event: \_\_\_\_\_

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

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_

Speaker/Presenter (if UAMS speaker is not requested): \_\_\_\_\_

Audience: \_\_\_\_\_

Program Mission (Education, Research, Other): \_\_\_\_\_