

Speaker Request Form

Name: _____

Member # _____

(Please Print or type)

Name of Conference/event:

Dates of Event:

Address:

Event Contact Phone:
Contact Person:

Registration Fee\$ _____
/ Speaker Fee: _____

To be placed on a list of speakers, for future opportunities available through the IHA, please check this box and attach a recent Curriculum Vitae.

Yes
No

Presentation Format: (check all that apply)

Speaker Only

Booth Exhibitor

Research Oriented

Poster Board
Presentation

PowerPoint

Oral Panel

Briefly describe Topic/ Paper/ Presentation as it relates to hyperbaric medicine: (attach separate sheet if needed)

Please Remit copies of your CV and pertinent qualifications to the Studies Department:
studies@ihausa.org 15810 East Gale Avenue #178 Hacienda Heights, CA 91745