

IAFP Member Speakers Bureau Join Form

Please fill out and SAVE file to email back as an attachment to kvalentine@iafp.com
or fill out and PRINT it and fax it to 630.435.0433

Name _____

Address _____

City, State, Zip _____

Daytime Phone: _____ Cell Phone: _____ Email: _____

I prefer to be contacted by: Email Daytime Phone Mobile Phone

Interested in being a: Speaker Development Faculty

Subject Matter or Topic: _____

Or chose from a category below. Mark all the topics you are interested in or have materials for:

GENERAL TOPIC

SPECIFIC INTEREST OR EXPERTISE (i.e. COPD, Diabetes, Congestive Heart Failure, immunizations, low back pain, group visits, obesity, etc)

- | | |
|--|-------|
| <input type="checkbox"/> Alcoholism & substance Abuse | _____ |
| <input type="checkbox"/> Allergy & Immunology, | _____ |
| <input type="checkbox"/> Blood Disorders | _____ |
| <input type="checkbox"/> Cancer | _____ |
| <input type="checkbox"/> Cardiovascular | _____ |
| <input type="checkbox"/> Chronic Illness | _____ |
| <input type="checkbox"/> Ear, Nose, & Throat | _____ |
| <input type="checkbox"/> Eldercare | _____ |
| <input type="checkbox"/> Emergent/Urgent care | _____ |
| <input type="checkbox"/> Endocrinology | _____ |
| <input type="checkbox"/> Eye Care | _____ |
| <input type="checkbox"/> Gastrointestinal Tract | _____ |
| <input type="checkbox"/> Genitourinary/Renal | _____ |
| <input type="checkbox"/> Imaging | _____ |
| <input type="checkbox"/> Infant, Child & Adolescent Health | _____ |
| <input type="checkbox"/> Human Behavior & Mental Health | _____ |
| <input type="checkbox"/> Infectious Disease | _____ |
| <input type="checkbox"/> Men's Health | _____ |
| <input type="checkbox"/> Musculoskeletal/Sports | _____ |
| <input type="checkbox"/> Managed Care | _____ |
| <input type="checkbox"/> Neurology | _____ |
| <input type="checkbox"/> Nutrition & Physical Activity | _____ |
| <input type="checkbox"/> Oral Health | _____ |
| <input type="checkbox"/> Pain Management | _____ |
| <input type="checkbox"/> Pharmacotherapy | _____ |
| <input type="checkbox"/> Practice Management | _____ |
| <input type="checkbox"/> Preventative Medicine: Disease Prevention | _____ |
| <input type="checkbox"/> Pulmonary | _____ |
| <input type="checkbox"/> Rheumatologic Disorders | _____ |
| <input type="checkbox"/> Risk Management & Medical Liability | _____ |
| <input type="checkbox"/> Sexual Issues | _____ |
| <input type="checkbox"/> Skin Disorders & Procedures | _____ |
| <input type="checkbox"/> Sleep Disorders | _____ |
| <input type="checkbox"/> Surgery | _____ |
| <input type="checkbox"/> Transgender Healthcare | _____ |
| <input type="checkbox"/> Women's Health | _____ |
| <input type="checkbox"/> Other | _____ |