

Speaker Program Request Form

Requested By	Erin Dunford	Date Submitted	08.04.10
Department	Sales	Time Zone	EST

Program Information

Product/Therapeutic Area: ☐ TussiCaps® ☐ PENNSAID™ ☒ EXALGO™

Speaker Topic

Program Type/Format: ☒ Traditional Speaker Program ☐ Virtual Speaker Program ☐ Other (explain):

Option 1:

Program Date: 09.08.10 Program Time: 7:00 PM

Option 2:

Program Date: Program Time:

Program Venue

Option 1:

Business Name: Chez Francois
Address: 555 Main Street
City/State: Vermilion, Ohio 44089
Phone: 440/967-0630
Room Name:

Option 2:

Business Name:
Address:
City/State:
Room Name:

A/V Equipment ☐ Yes ☐ No

If so, please specify equipment types:

of Invitations Needed ☐ 25 ☒ 50 ☐ 100

Estimated number of attendees (prescribing & non-prescribing): 10

Event Audience

☒ Primary Care Physicians ☒ Other Physicians ☒ Nurse Practitioners ☒ Physician Assistants
☐ Other (explain):

Suggested Speaker:

Choice #1: Riad Laham	Speaker ID #
Choice #2: Name	Speaker ID #
Choice #3: Name	Speaker ID #

Bureau Manager Approval:

Signature
Title
Date

Program ID # (to be supplied by Bureau Manager):

Mallinckrodt



