



Leapfrog Speaker Request Form

Thank you for inviting Leapfrog to participate in your upcoming meeting. To expedite our review of your request, we ask that you complete the following form and email it to speaker-request@leapfroggroup.org or fax to 202-292-6813.

NOTE: Leapfrog cannot accommodate all requests due to limited resources. We will inform you as quickly as possible if a Leapfrog representative can be secured for your event.

CONTACT NAME FOR INDIVIDUAL COORDINATING SPEECH:

TITLE:

PHONE:

E-MAIL:

ABOUT THE EVENT:

1. Event:

2. Date:

Time:

Location:

3. Sponsoring Organization:

4. Organization Category (*check the appropriate item by clicking in the box*):

Not-For-Profit

For-Profit

Public Agency

5. Type of Organization (*check the appropriate item by clicking in the box*):

Healthcare Purchaser (Employer)

Health Informatics

Provider

Consumer

Hospital

Health Plan

Pharmaceuticals

Government

Other

Please Specify:

Leapfrog Speaker Request Form

6. Brief Organization Description/History:

7. Topic of Presentation:

8. Presentation *(check the appropriate item by clicking in the box):*

Keynote

Plenary

Panel

Other

Please Specify:

9. Approximate Number of Attendees:

10. Attendee Classification *(check all that apply by clicking in the appropriate boxes):*

Employers

Health Informatics

Physicians

Consumers

Hospital Executives

Health Plan Executives

Pharmacists

Benefit Consultants

Academics

IT Professionals

Other

Please Specify:

11. Expenses Covered *(check all that apply by clicking in the appropriate boxes):*

Airfare

Lodging

Meals

Other

Please Specify:



Leapfrog Speaker Request Form

12. Honorarium (\$4,000 minimum required):

- \$4000
- Other amount (please specify)

CONTACT NAME FOR PERSON RESPONSIBLE FOR EXPENSE
REIMBURSEMENT:

PHONE:

FAX:

EMAIL:

MAILING ADDRESS:

Please check the appropriate box to indicate how you prefer to receive
invoices/receipts:

FAX:

MAILING ADDRESS: