



3775 Beacon Ave. Suite 100, Fremont, CA 94538
www.norcalrheumatology.org norcalrheumatology@yahoo.com

Thank you for your interest in the Northern California Rheumatology Society’s (NCRS) Physician Speakers Bureau. One of the missions of the NCRS is to provide free educational seminars in the form of public discussion groups, forums, panels, lectures in Senior Centers or Community Centers to the general public to increase the awareness of over 100 types of arthritis and their specific treatments. Our speakers are board certified, practicing rheumatologist from around the San Francisco Bay area.

PHYSICIAN SPEAKER BUREAU COMPOSITION

Our physician speakers are experts in the diagnosis and treatment in the various forms of arthritis, participate in arthritis research, and are very knowledgeable about ways to safely and effectively use physical activity to manage pain and stiffness, complementary therapies, ways to improve quality of life and tips for living actively and fully with arthritis. Our speakers are also experts in osteoporosis and auto-immune diseases like lupus, scleroderma, vasculitis, myositis and Sjogren’s syndrome.

THE PRESENTATION

Each physician speaker creates their own presentation that generally includes an overview of a few of the major types of arthritis, components of a comprehensive treatment plan and an introduction to safe and effective forms of physical activity for people living with arthritis. If you have a specific topic you would like the speaker to address, please note it in your request.

COST

This is no cost for this service, but we do ask that you assist us with the following:

- Submit a completed Speakers Bureau Request Form (which includes signing this page below).
- Personally contact your assigned speaker to discuss logistics. Provide any additional information regarding parking, public transportation and/or how to find your building and the room.
- Advertise the event.
- Order any desired brochures at least two weeks before event by submitting a Speakers Bureau Literature Request Form (1 per person, maximum of 3 titles).
- Confirm with the speaker several days/one week before the event.
- Ensure all audience members sign in using the Speakers Bureau Sign-In Sheet.
- Complete the Speakers Bureau Follow Up Form.
- Submit the Sign-In Sheet and Follow-Up Form to the Director of Community Programs within two weeks of the engagement. NCRS must report the number of people reached at educational events to maintain funding.

LEAD TIME

The NCRS requires at least one month to six weeks lead time to find an appropriate speaker. If you have a specific date/time that you are requesting, as much advance notice as possible would be appreciated. As you can imagine, our physicians are very busy and it is sometimes difficult to coordinate schedules.

AUDIENCE SIZE

An audience of thirty (30) or more is preferable. Please consider collaborating with other organizations, facilities, government agencies to bring together a larger audience. Organizations that can guarantee larger audiences will be given priority though smaller groups will not be declined if presenters are available.

MAKE A REQUEST

Complete ALL the highlighted boxes; requests with information missing will be considered incomplete. Please complete this form on your computer and return it as an attachment via email it to norcalrheumatology@yahoo.com, subject “Speaker Program.”

By signing here, you attest that you have read the above and agree to comply with the conditions under the COST section.

Contact's Signature (you may type your name to serve as a digital signature)	Date
X	/ /



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Today's Date: / /

Please fill in ALL boxes. Incomplete forms will not be considered.
 If you do not have a preference, please write "n/a" in that box.

Requestor's Information			
Requesting Organization			
Address			
City/State/Zip			
Contact Name		Contact Title	
Contact's Phone		Contact Email	
Organization's Website		Who referred you?	
Type of Organization Choice can be made by highlighting your choice in bold or underline.	Company Government Agency Senior Center Senior Residence School Medical Community Center Life Improvement Series Site Civic Organization Other (please explain): _____		

Event Logistics			
Event Date/Time Frame At least one month from date of request. We have to coordinate with our physicians' schedules, so as much lead time as possible is requested.		Event Time Indicate if you're flexible for evenings or Saturdays as that will make it easier to find a speaker.	
Event Name			
Event location, phone, & website <i>If different from above</i>			
Directions/Parking Information/ Public Transportation/Accessible for those with disabilities?			
What equipment can you provide the speaker? Choice can be made by highlighting your choice in bold or underline.	LCD Projector & Screen Laptop Lectern Easel & Newsprint or Dry Erase Board Overhead Projector Microphone (lavalier or hand held or stand)	Electrical outlet near table?	Yes No

Presentation Details			
Type of Speaker Requested? Choice can be made by highlighting your choice in bold or underline.	AF Staff Person with Arthritis Medical/Allied Health Professional Arthritis Researcher/Scientific Life Improvement Series Instructor (land or aquatic)		
Presentation Length Time allotted. Indicate if this amount includes Q&A as well		Topic Requested Standard presentation is an overview of arthritis & benefits of physical activity.	
Event Schedule Details What will happen before/after speaker?		# of Attendees Guesstimate. Should be 20+.	
Target Audience Description General demographic info (age-range, gender, primary language, etc.) so presentation may be tailored to group.			