Lindsey Zirker, MS, RD, CSR
Fresh Ideas Nutrition Consulting

Speaker Request Form

Name of organization:_____ Contact Name:_____

Contact Phone:_____ Contact Email:_____

Event Date:_____ Time:_____ Location:_____ ☐ Webinar

Requested Topic:_____

Presentation length:_____

Target Audience:

- ☐ Dietitians (specialty):_____
- ☐ Students (grade level, class):_____
- ☐ Management
- ☐ Staff
- ☐ Other_____

Expected number of people:_____

Specific Speaker Requests (type of presentation, objectives, requests for handout etc)

_____

_____

_____

_____

_____

Lap top and/or projector available for presentation: ☐ Yes ☐ No

Is there any information you need from Lindsey?

_____

_____

Please note that speaking fees or honorariums are decided on a case by case basis depending on topic, type of presentation, travel, and type of organization. Please feel free to reach out to Lindsey with any questions or concerns.

After submitting this from you should hear back from Lindsey within 2 business days