

**Firefighter Cancer Initiative Speakers Bureau  
Speaker Request Form**

*Please complete the form below and submit to [firefighterstudy@miami.edu](mailto:firefighterstudy@miami.edu)*

Your Contact Information	
Name	
Fire Station (If Applicable)	
Organization Name	
Phone Number	
Email Address	

Event Details	
Event Title	
Event Contact Person	
Phone Number	
Email Address	
Organization Hosting Event	
Event Location	
Event Date	Click here to enter a date.
Event Start Time	
Event End Time	
Travel Expenses Covered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expected Media Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No

Presentation Details	
<b>Topic of Interest:</b> What projects would you like to have covered during the presentation?	<input type="checkbox"/> Overall Project Overview <input type="checkbox"/> Health Communication <input type="checkbox"/> Exposure App Development <input type="checkbox"/> Exposure App User Experience <input type="checkbox"/> Biochemistry Breath Analysis <input type="checkbox"/> Environmental Sampling Program <input type="checkbox"/> FCDS Linkage <input type="checkbox"/> Annual Cancer Survey <input type="checkbox"/> Cancer Screening / Testing <input type="checkbox"/> AERIAL - Firefighter Retirees <input type="checkbox"/> PBDE & Thyroid Function <input type="checkbox"/> Guardrails <input type="checkbox"/> Tumor Bank
Audiovisual Capabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Length of Presentation	
Audience Description	
Audience Size	