



## SPEAKERS BUREAU FORM

In an effort to better leverage the knowledge base, expertise of our valued members and offer speaking opportunities, the Kentucky Chapter of the American College of Cardiology (KY-ACC) is developing a Speakers Bureau. If you are interested in being a part of this elite group, please complete the information below and send to [info@kentuckyacc.org](mailto:info@kentuckyacc.org). For questions regarding the Speakers Bureau, please contact the KY-ACC at 414-755-6297

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Topics you are available to present on:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Adult Cardiology                | <input type="checkbox"/> Cardiomyopathy           | <input type="checkbox"/> Chest Pain                 | <input type="checkbox"/> Coronary Disease            |
| <input type="checkbox"/> Echocardiography                | <input type="checkbox"/> Electrophysiology        | <input type="checkbox"/> Fetal Cardiology           | <input type="checkbox"/> Heart Failure               |
| <input type="checkbox"/> Hyperlipidemia                  | <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Interventional Cardiology  | <input type="checkbox"/> Palpitations                |
| <input type="checkbox"/> Pediatric Cardiology            | <input type="checkbox"/> Pediatric Cardiomyopathy | <input type="checkbox"/> Pediatric Echocardiography | <input type="checkbox"/> Pediatric Electrophysiology |
| <input type="checkbox"/> Pediatric Heart Failure         | <input type="checkbox"/> Pediatric Hyperlipidemia | <input type="checkbox"/> Pediatric Hypertension     | <input type="checkbox"/> Pediatric Interventional    |
| <input type="checkbox"/> Pediatric Preventive Cardiology |   | <input type="checkbox"/> Preventive Cardiology      | <input type="checkbox"/> Syncope                     |
| <input type="checkbox"/> Other (please specify): _____   |   |   |  |

**Areas you are willing to travel within Kentucky:**

- Louisville   
 Lexington   
 Central   
 Eastern   
 Western   
 Northern   
 Southern  
 Any city in Kentucky   
 I am available to speak nationally

**Titles of previous presentations you have given:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Short Biography (attach a separate document if necessary):** \_\_\_\_\_

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Please email a photograph of yourself with this form to [info@kentuckyacc.org](mailto:info@kentuckyacc.org)

**DISCLOSURE: The KY-ACC will maintain all the information submitted. Please indicate below if you would like this information published publicly or kept internally.**

- I authorize this information to be published publicly on [www.kentuckyacc.org](http://www.kentuckyacc.org).  
 Please do not publish this information publicly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date