



Lower Hudson Valley Perinatal Network

Serving Dutchess, Putnam, Rockland & Westchester Counties

Speakers' Bureau Registration Form

Name: _____

Address: _____ City: _____ Zip: _____

Tel: (home) _____ (work) _____ Best time to contact: _____

Fax: _____ E-mail: _____

Current Position: _____

Preferred Topic (s) for Presentations: Preconception Health Fetal Alcohol Spectrum Disorders (FASD)

The importance of Sexually Transmitted Infections and Pregnancy Contraception Methods

Prenatal Care Perinatal Mood Disorders Eliminating Racial and Ethnic Disparities in Perinatal Health

Other 1. _____

2. _____

3. _____

Brief description of your work as it relates to the topics you are interested in presenting (include area of expertise, work background, area of study) :

Affiliations: _____

Time available:

Day of Week/Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							



The Maria Fareri Children's Hospital at Westchester Medical Center

Valhalla, NY 10595

Phone: 914-493-6435

Website: www.LHVPN.net

Fax: 914-493-1005

Program organized in 2004 by the Maria Fareri Children's Hospital Regional Perinatal Center with March of Dimes funding

Available on short notice? Yes No Lead time needed: _____

Language(s) spoken: _____ Special skills: _____

Target Audience Desired:

Session Description/Presentation Title (attach additional pages as needed):

Type of presentation (check all appropriate types):

Discussion/lecture (discussion will refer to leader-guided or moderated group discussion. This will usually follow a pattern where the leader teaches partly by lecture, or at least offers an introduction and conclusion. Guided discussion may involve some peer-to-peer interaction, but most of the interaction will be from learners to the leader or the group in general. The leader offers a short summary and comment to most, or all, sharing.)

Interactive Workshop (an exhibit component that requires visitor involvement, something that offers information and choices that engage the participant; stimulating thought and promoting deeper involvement with the subject.)

Other _____

Length of Presentation: _____ Set-up time: _____ Take-down time: _____

Facilities and Equipment required (please check):

- | | | | |
|---|--|---|-------------------------------------|
| <input type="checkbox"/> Computer | <input type="checkbox"/> LCD projector | <input type="checkbox"/> Table | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Whiteboard/Markers | <input type="checkbox"/> Darkened Room | <input type="checkbox"/> Extension Cord | <input type="checkbox"/> DVD/TV Set |
| <input type="checkbox"/> Other: _____ | | | |

Additional Information or Comments: _____

I agree to release my name and phone number to interested groups.

Signature: _____ Date: _____

Please fax, mail or e-mail registration:

Fax: 914-493-1005

E-mail: info@lhvpn.net
www.LHVPN.net

Mail: Lower Hudson Valley Perinatal Network
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Maria Fareri Children's Hospital @ WMC
95 Grasslands Road, Rm C2519
Valhalla, NY 10595
Attn: Speakers' Bureau