



## NEDAwareness Week Speaker Request Form

In recognition of NEDAwareness Week, February 23-March 1, 2014, I would like to request a speaker for:  
\_\_\_\_\_ on \_\_\_\_\_  
at \_\_\_\_\_.

Presentation/workshop will take place at:

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

Age of audience/participants: \_\_\_\_\_

I am requesting the following presentation (check box):

- What are Eating Disorders?:** Share key points on signs, symptoms, treatment, and resource options regarding eating disorders.

To respond to this speaker request, please contact me at:

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

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

I would appreciate a response by \_\_\_\_\_.

Sincerely,

\_\_\_\_\_ (Print only)

*Please note that all speakers are volunteers and have registered to take requests to present a copyrighted NEDA presentation. NEDA cannot guarantee speaker availability due to the high volume of requests for NEDAwareness Week and NEDA does not assume responsibility for any deviations from the copyrighted content of the presentations provided to Volunteer Speakers.*

Please send this request **via email to a registered volunteer speaker**, listed on the NEDAwareness Website, Speakers Section.