



Oregon

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SPEAKER'S BUREAU	
Your Name	
Your Email Address	
Phone Number	
Best time to reach you	
Date of Meeting	
Group, Hospital, or Committee Name	
I would like to hear a presentation about (choose one)	<input type="checkbox"/> Choosing A Doctor
	<input type="checkbox"/> Complaint Process
	<input type="checkbox"/> Internet Prescribing
	<input type="checkbox"/> Death with Dignity
	<input type="checkbox"/> Pain Management
	<input type="checkbox"/> Medical Records
	<input type="checkbox"/> Credentialing and Licensing
Presentation topics may be added or amended over time. If you would like to make a suggestion for another topic, please type it here	