SPEAKER BOOKING INQUIRY FORM

Dr. Sabrina N. Russ, PharmD, BCGP, NBC-HWC

Geriatric Pharmacist | Wellness Consultant | Speaker

Please complete this form so Simplicity Wellness Services, LLC can evaluate your request and customize the engagement for your audience.

ORGANIZATION INFORMATION

Organization Name:

Primary Contact:

Title / Role:

Email:

Phone:

Website:

EVENT DETAILS

Event Name:

Event Date:

Presentation / Training Time:

Location / Venue:

Format: ☐ In-Person ☐ Virtual ☐ Hybrid

Estimated Attendance:

AUDIENCE INFORMATION

Primary Audience:

Professional Disciplines Represented:

Audience Experience Level:

Continuing Education (CE) Event? ☐ Yes ☐ No ☐ Not Sure

TYPE OF ENGAGEMENT REQUESTED

Select all that apply: ☐ Keynote / Conference Presentation ☐ Workshop ☐ Staff Training / Professional Development ☐ Panel Discussion ☐ Community Education ☐ Virtual Presentation ☐ Other

PRESENTATION / TRAINING REQUEST

Requested Topic:

Desired Length:

Event Goals / Desired Outcomes:

Requested Learning Objectives (if applicable):

Special Requests or Customization: *Audience needs, organizational priorities, handouts, etc.*

LOGISTICS & MEDIA

Audio / Visual Equipment Available:

Internet Available? ☐ Yes ☐ No ☐ Unknown

Microphone Provided? ☐ Yes ☐ No ☐ Not Applicable

Vendor / Resource Table Requested? ☐ Yes ☐ No ☐ Not Applicable

Recording Requested? ☐ Yes ☐ No

If recording is requested, describe intended use/distribution:

Professional Photography Available? ☐ Yes ☐ No ☐ Unknown

Deadline for Speaker Materials:

TRAVEL & COMPENSATION

Speaker Budget / Honorarium:

Travel Reimbursement / Arrangements:

Hotel Provided? ☐ Yes ☐ No ☐ Not Applicable

Meals Provided? ☐ Yes ☐ No ☐ Not Applicable

Parking Provided? ☐ Yes ☐ No ☐ Not Applicable

PAYMENT INFORMATION

Payment Method:

Expected Payment Date:

Billing / Accounts Payable Contact (if different):

ADDITIONAL INFORMATION

How did you hear about Dr. Russ?

Additional Comments / Information:

ORGANIZER ACKNOWLEDGMENT

By submitting this inquiry, I acknowledge that this form is a request for speaking or training services and does not constitute a confirmed booking. Availability, scope, fees, travel requirements, recording/media permissions, and contractual terms will be confirmed separately in writing.

Authorized Representative:

Title:

Signature:

Date:

Thank you for considering Dr. Sabrina Russ for your event or professional training.