

**Public Education Program - Information Request**  
***Memory and Aging Network***  
***Center for Alzheimer Disease and Related Disorders***  
***SIU School of Medicine***

***Network Provider Information***

Network provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact name \_\_\_\_\_  
Web site: \_\_\_\_\_ Email \_\_\_\_\_  
Contact for media questions (if different) \_\_\_\_\_

***Public Education Program Information***

Program name: \_\_\_\_\_  
Date: \_\_\_\_\_ Time (Start/End): \_\_\_\_\_  
Location: \_\_\_\_\_

(Please include location name, address and room number, if applicable)

Speaker(s): \_\_\_\_\_  
\_\_\_\_\_

(Please include the speaker's title, organization and the title of the talk)

Program description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other sponsor(s): \_\_\_\_\_  
\_\_\_\_\_

Audience for program: \_\_\_\_\_  
\_\_\_\_\_

Continuing education credit hours: \_\_\_\_\_ Accrediting agency: \_\_\_\_\_

Any additional media (besides those listed in your network provider list): \_\_\_\_\_  
\_\_\_\_\_

Is Registration required (Y/N): \_\_\_\_\_ Reg. fee: \$ \_\_\_\_\_ Reg. deadline: \_\_\_\_\_

Preferred method of reg: \_\_\_\_\_ Parking (Y/N): \_\_\_\_\_ Food & Drink (Y/N): \_\_\_\_\_

**If you have any questions, please contact Office of Public Affairs  
at SIU School of Medicine, 217-545-2155 weekdays, [publicaffairs@siumed.edu](mailto:publicaffairs@siumed.edu).**

*Please return completed form to:*  
**Office of Public Affairs, SIU School of Medicine**  
**Fax: 217-545-0580**