**Guest Speaker Request**

Request for someone from the Virginia Department of Health Division of Certificate of Public Need to talk about the **Certificate of Public Need program in Virginia**.

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| --- |
| Requesting Organization: |
|  |
| Contact Name: |  | Contact Telephone No.: |
|  |  | ( ) |
| Contact Email Address: |  |  |
|  |
| Desired Event Date: |  | Event Time: |  | Speaker’s Start Time: |  | How much time is allotted for the speaker? (minutes) |
|  |  |  |  |  |  |  |
| If the event date is not set, to help us meet your needs, what are some optional dates and times you would consider? |
|  |
| Event Location: (Street Address) |  | Room: |  | Town / City: |
|  |  |  |  |  |
| Event Description: |
|  |
| Requested Topic (e.g., the COPN process, a specific COPN regulated service or request): |
|  |
| What is the expected number of attendees? |  | What audio-visual capabilities are available for use at the venue? |
|  |
|  |  |
| On-site Contact’s Name: |  | Contact’s On-site Telephone: |
|  |  | ( ) |

Send completed “Guest Speaker Request” forms to:

COPN@VDH.Virginia.gov, or

Fax to: (804) 527-4501, or

Mail to: DCOPN, 9960 Mayland Drive, Suite 401, Henrico, Virginia 23233

**Every effort will be made to meet the date, time, location, and topic requested. However, due to work load and deadlines, as well as available resources, a speaker cannot be guaranteed for the time and location requested.**