**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](mailto: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.**