



CTP SPEAKER BUREAU REQUEST

SPONSOR'S CONTACT PERSON		
1. Contact Name:		2. Organization Name:
3. Organization Address:		
3.a. Organization City:	3.b. Organization State:	3.c. Organization Zip:
4. Office Number:	5. Cell Number:	6. Email Address:
7. Please give a brief description of your organization:		

SPONSOR'S ORGANIZATION DETAILS		
1. Name of sponsoring organization:		
2. Website of sponsoring organization:		
3. How is the organization structured?	4. Type of membership:	
5. How many members are in the organization?		
6. Has your organization engaged in any lobbying activities?	Yes	No
7. Is your organization planning future lobbying activities?	Yes	No

EVENT DETAILS		
1. Name of Event:		
2. Name of Organization Hosting Event:		
3. Event Location: 3.a. Venue Name:		
3.b. Venue Address:		
3.c. Venue City:	3.d. Venue State:	3.e. Venue Zip:
4. Event Date (must be at least 60 days out):	5. Event Start Time:	6. Event End Time:
7. Purpose of Event:		
8. Indicate and specify and media coverage (i.e. general media and/or trade press):		
9. Will you be requesting other FDA employees to speak at this event?	Yes, if yes how many	No

PRESENTATION DETAILS	
1. Date of speaker's presentation:	2. Type of membership:
3. Length of Requested Presentation:	4. Audience and Key Participants:
5. Audience Size:	6. Audiovisual Capabilities: Yes No
7. Is there an alternative presentation approach feasible besides an in-person presentation?	
8. Will the meeting be recorded? Yes No	9. Presentation Format:
10. Will there be an opportunity for a Q & A session? Yes No	

CTP-SPECIFIC INFORMATION
1. Enter requested CTP employee's first name (If known):
2. Enter requested CTP employee's last name (If known):
3. What CTP Office are you requesting? (Select one) <ul style="list-style-type: none"> a. Office of the Director (OCD) b. Office of Health Communication and Education (OHCE) c. Office of Science (OS) d. Office of Regulations (OR) e. Office of Management (OM)
4. What is the topic of the requested speaker's presentation? <ul style="list-style-type: none"> a. OCD <ul style="list-style-type: none"> Tobacco Regulations Tobacco Policy Deeming Tobacco Prevention and Control History of Tobacco Control TCA Ombudsman Stakeholder Relations b. OHCE <ul style="list-style-type: none"> Education Campaigns Regulatory Communications Formative Research and Scientific Review Campaign Evaluation Regulatory Science (communications focused) c. OS <ul style="list-style-type: none"> Tobacco Regulatory Science (general) Individual Health <ul style="list-style-type: none"> Addiction Short- and Long-term Effects of Tobacco Nonclinical Science <ul style="list-style-type: none"> Warning Labels Toxicology Environmental Health Population Health <ul style="list-style-type: none"> Social Science Epidemiology Evaluation

CTP-SPECIFIC INFORMATION (continued)

Tobacco Products Science
Combustibles
Smokeless
ENDS
Novel and Future Tobacco Products
Engineering
Microbiology

d. OR

New Regulations and Guidances
Citizen Petition Process
Tobacco Industry Documents

e. OM

User Fees

ADDITIONAL INFORMATION

1. Please attach request on formal organization letterhead as PDF or Word document. List ALL required speakers. File attachment cannot exceed 5MB.
2. Please submit completed agenda with all invited speakers and topics as a PDF, Word documents, or online via a web address. Drafts are acceptable. (Character limit field is 500) File attachment cannot exceed 5MB.

CERTIFICATION

I certify that I am an authorized representative of the sponsoring organization listed on this questionnaire. I understand any falsifications or misleading information is grounds for this request being denied.

I certify the information provided herein. _____

Please save a copy of the completed questionnaire and email to CTPSpeakerRequests@fda.gov