



Wellness On The Run

ANN C. GERBER, RD, LD

Speaker Request Information Form

Date of Request: _____

Group Name/Event Name: _____

Contact Person/Position: _____ Phone Number: _____

Topic desired: _____

Potential Date(s): _____

Location: _____ Time of Day: _____

Expected Audience:

Age group? _____ Gender? _____ How many? _____

Interest/Description? _____

Prior knowledge of topic? _____

Budget: _____

**When complete, please fax to 301.656-5424 or
e-mail (ann.gerber@comcast.net).**

We will contact you for more information as needed.
Thank you for your interest!