



CITY ENDODONTICS P.L.L.C.

Marcus Johnson D.D.S, M.S.D
Diplomate of the American Board of Endodontics

Speaker Request Form

Date of Initial Request: _____ Date of Event: _____

Company: _____ Number of People Attending Event: _____

Address of Company: _____

Contact at Company: _____

Title of
Event/Conference: _____

Requested Subject Matter of Lecture (if any):

Expected Length of Conference: _____ (Dates and Times)

Expected Speaking Time: _____ (Dates and Times)

Honorarium (Y/N): _____ Amount: _____

Travel/Lodging Accommodation (Y/N): _____

Will CE be issued (Y/N): _____ If so, accreditation through which entity? _____

Outside sponsorship allowed (Y/N): _____

Audio/visual requirements (PC, Mac, pointer etc): _____

Special Instructions:

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