

REQUEST FOR DR. GARY JOINER

DATE OF REQUEST	<input type="checkbox"/> Speaker <input type="checkbox"/> Battlefield Tour <input type="checkbox"/> Other (explain)
NAME OF ORGANIZATION	
DATE/S REQUESTED (include day, date, year)	
ALTERNATE DATE/S	
TIME	
LOCATION	
TOPIC REQUESTED	
PRESENTATION LENGTH	
IS THIS	<input type="checkbox"/> Solo Presentation <input type="checkbox"/> Panel
OTHER OBLIGATION/S INVOLVED	
TRAVEL ARRANGEMENTS /EXPENSE COMPENSATION	
HONORARIUM (if applicable)	
OTHER DETAILS	
SUBMITTED BY Name/position	
EMAIL ADDRESS	
PHONE	

Email this request to: gdjoiner@bellsouth.net; msjoiner@bellsouth.net