

Speaker Request Form

Associations and Medical Societies requesting the Palmetto GBA workshop series are asked to complete all sections of this form and use the SUBMIT button at the bottom of this form to send the request to Palmetto GBA for consideration. Palmetto GBA's education staff are available to travel Monday through Friday only except for national holidays (e.g., Memorial Day, July 4, etc.). Please keep this in mind when requesting dates and times.

Requests will be processed on a first come first serve basis. All requests are subject to approval by Palmetto GBA management and CMS. Dates and times cannot be confirmed or guaranteed until the approval process is completed. Therefore, to ensure there is enough time to complete the approval process, we request that the completed form be submitted to us at least 30 days prior to the event. If the requested date(s) is/are not available at the time the form is received, the association/society contact will be notified and will be given the option to submit an alternate date(s). If the date(s) and time(s) are available, the request will be submitted for approval. Upon completion of the approval process, the association contact will be notified of the decision by way of email.

In order for Palmetto GBA to consider attending the event in person, a minimum amount of time must be allotted and a minimum number of attendees must be expected or we may accept to attend telephonically or via webcast instead.

For in-person events, we request you reserve and pay for one hotel room per speaker for the night prior to the session and/or the night of the session (for presentations that begin after 1:00 p.m.) at the hotel in which the event is being held. For conferences or speaking engagements not being held at a hotel, please reserve a sleeping room at a hotel near the workshop location. Palmetto GBA will not charge for the event and will cover all travel expenses other than the hotel rooms.

Palmetto GBA is required to keep a record of all providers that are educated. The information required at all educational events includes, provider name, PTAN (Provider Transaction Access Number, also known as the OSCAR or six-digit provider number) and NPI (National Provider Identifier). Please make sure your attendees are aware of this requirement as they will be asked to provide this information at our workshop sessions.

Contact Information

Contact Name*

Email Address

Contact Telephone

() - x

Fax Number

() -

Contact Email*

Event Sponsor*

Registration Web Address*

Provider Information

Facility Name*

Facility Jurisdiction*

Facility Address*

 ,

Meeting Date & Time

Date*

 / /

Start & End Time*

 -

Alternate Date*

 / /

Alternate Start & End Time*

 -

Meeting Details

Requested Topics (please explain request in detail)*

Number of Attendees*

Type of Meeting*

Open Meeting Closed Meeting

Attendee Disciplines (check all that apply)*

Biller Office Manager Physicians Other (Please Explain)

SUBMIT FORM

or email this completed form to
POE.Referrals@palmettogba.com.