

The Voice Foundation's 43rd Annual Symposium: Care of the Professional Voice

WORKSHOP PRESENTER REQUEST FORM

If this form is not returned by March 15, 2014, we may not be able to meet your requests.

Name: _____

Workshop Title: _____

Indicate your requests based upon the following items. The availability of audio visual aids is limited and will be considered on an individual basis. Again, the main purpose of the workshops is not discussion but hands-on demonstration.

/ / Piano/keyboard

/ / Accompanist

/ / Singer for Workshop? How many? _____ (4 maximum)

/ / Actor for Workshop? How many? _____ (4 maximum)

/ / Participant/patient for vocal rehabilitation workshop? While we will try to fulfill your requests for specific types of voice patients, we cannot guarantee that this will be possible.

/ / Special needs

Thank you for your involvement and your assistance in the organization of these workshops.

Please return this form to the Voice Foundation office via fax at (215) 735-9293, email office@voicefoundation.org or mail to The Voice Foundation, 1721 Pine Street, Philadelphia, PA 19103, U.S.A. If you have any questions please call (215) 735-7999.