

Request a Speaker

Your Name: _____

Your Phone Number: _____ You Email: _____

Event Date: _____ Event Time Frame: _____

Describe Event: _____

Event Address: _____

Event City, State, Zip Code: _____

Expected Attendance: _____

Additional Comments: _____

Please submit the information to laorainfo@med.miami.edu or via fax at 305-243-5139. You will receive and email or phone call shortly after submitting the information confirming your request.

Thank you for helping us to educate our community about the importance of organ, eye and tissue donation!