



**RESIDENT SPEAKER INTENT TO LECTURE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Program: \_\_\_\_\_

Title of Lecture: \_\_\_\_\_

\_\_\_\_\_

Meeting: \_\_\_\_\_

Meeting Dates: \_\_\_\_\_

Online Course Syllabus: AOCD may post your presentation slides on our website, [www.aocd.org](http://www.aocd.org).

I authorize AOCD to post my presentation slides as indicated above.

I do not give permission to post my presentation slides as indicated above

Audio/Video Recording: AOCD may record your presentation for future online on-demand access.

I authorize AOCD to record my presentation as indicated above.

I do not give permission to record my presentation as indicated above.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date

No speaker expenses or honorariums will be paid by the AOCD to its residents. Lecture times will be fifteen minutes. Applications without a lecture topic *will not* be accepted.

**Please mail, email or fax this completed form to:**

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