



**Annual Health Care Symposium  
Topic/Speaker Proposal**

Thank you for your interest in sponsoring a topic and/or speaker at PBGH's Annual Health Care Symposium. To consider your proposal, please provide the following information.

**Contact**  
Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Sponsor Level:**     Partner    PBGH Associate Member: \$6,000    Non-Member: \$7,500  
(Select one)     Patron    PBGH Associate Member: \$4,000    Non-Member: \$5,500

**Proposed Content**  
Topic: \_\_\_\_\_

**Speaker**  
Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Title: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please submit the speaker's bio and attach a brief overview of the presentation.

You may return this form electronically to [laura.wicker@pbghpa.com](mailto:laura.wicker@pbghpa.com) or print the form and fax to PBGH at 724-266-6334.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_