



# UT/Lung Speaker Bureau Program Check List - Program # 2550JA1416B (16669)

## Request Detail

Date Received: Monday, August 17, 2015  
Program Date: Thursday, January 14, 2016  
Alternate Date: \_\_\_\_\_  
Start Time: 6.30 PM  
End Time: 8.45 PM  
Time Zone: Eastern Time (US & Canada)  
Meeting Type: Dinner  
Talk Title: Orenitram  
Est Attendees: 20 FHC #: \_\_\_\_\_ Date Given: \_\_\_\_\_  
Rep's Name: Louise Sprimont  
Rep's Phone #: 321-279-7171  
Guarantee ☐ No ☐ Yes By When: \_\_\_\_\_  
Cancellation Policy: ☐ No ☐ Yes  
If so, Details put in STAT: ☐ Yes  
Program Location: Winter Park, FL

## Speaker Correspondence

Speaker 1:	<u>Hunter Champion</u>		
Location/Distance:	<u>Columbus, GA ()</u>		
Status:	<input type="checkbox"/> Available	<input type="checkbox"/> Pending	
	<input type="checkbox"/> Not Available	<input checked="" type="checkbox"/> Contacted	
		<input type="checkbox"/> Confirmed	
Travel	<input type="checkbox"/> Ground	<input type="checkbox"/> Hotel	<input type="checkbox"/> Air
Requirements:	<input type="checkbox"/> On Own	<input type="checkbox"/> N/A	

Speaker 2:	<u>Roxana Sulica</u>		
Location/Distance:	<u>New York, NY ()</u>		
Status:	<input type="checkbox"/> Available	<input type="checkbox"/> Pending	
	<input type="checkbox"/> Not Available	<input type="checkbox"/> Contacted	
		<input type="checkbox"/> Confirmed	
Travel	<input type="checkbox"/> Ground	<input type="checkbox"/> Hotel	<input type="checkbox"/> Air
Requirements:	<input type="checkbox"/> On Own	<input type="checkbox"/> N/A	

## AV Needs

☐ N/A ☐ Laptop  
☒ Screen ☐ Laptop  
☐ LCD ☐ Microphone  
☐ Laser Pointer ☐ Speaker  
Provided By: ☐ Tallen ☐ Venue  
Cost: \$

## In-Office Details

Office Name: Ruth's Chris Steak House  
Address: 610 North Orlando Avenue  
Winter Park, FL  
Phone #: (407) 622 - 2444  
Contact Name: \_\_\_\_\_

## Venue / Caterer Information

F&B Vendor: Ruth's Chris Steak House  
City/State: Winter Park, FL  
Phone #: (407) 622 - 2444  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Dietary Restrictions: ☐ N/A ☐ Yes \_\_\_\_\_  
Delivery Time: \_\_\_\_\_

## Private Room Details

F&B Minimum: \_\_\_\_\_  
Venue Deposit: \_\_\_\_\_  
Room Rental: \_\_\_\_\_ Room Name: \_\_\_\_\_  
Max # of People: \_\_\_\_\_  
All-Inclusive Menu: \_\_\_\_\_  
Meal Cost / Person: \_\_\_\_\_  
Food Tax %: \_\_\_\_\_ Alcohol Tax %: \_\_\_\_\_  
Gratuity %: \_\_\_\_\_  
Dietary Restrictions: \_\_\_\_\_  
Notes: \_\_\_\_\_

## Venue Setup

- ☐ Contact Venue / Catering and Place Order  
☐ Confirm Reservation (Once Rep Approves)  
Contract / Menu:  
☐ Request ☐ Review/Approve ☐ Sign/Send  
☐ Update STAT Venue / Menu / Ledger  
☐ Scan signed contract(s) into reconciliation folder

## Content for Reminder Emails

- ☐ Email Speaker Reminder with SEF and Itinerary  
☐ Email Rep PIS, SIS, and Speaker Itinerary

## Reminder Emails / Program Information

☐ 5 Day \_\_\_\_\_ ☐ 2 Day \_\_\_\_\_  
☐ 3 Day \_\_\_\_\_