



Santa Cruz County Medical Society

Advocating for patients and physicians

Community Health Care Lyceum

Please print

Name: _____

Mailing Address: _____

City/Zip: _____

Best phone # to share with venue: _____

Best email to share with venue: _____

Thank you for your interest in the SCCMS Health Care Lyceum. We are so pleased you are offering your expertise in this worthwhile endeavor. I hope you will find the experience worthwhile and enjoyable. Please fill out the following form and mail or fax it back to us. You may also email me the information.

List the subjects are you willing to speak about:

Please write a short biography which we may use in advertising and share with the venues:

Will you use a PowerPoint presentation? Yes No

If yes, SCCMS has 2 slides which need to be included. They advertise SCCMS and the Lyceum. There is 1 for the beginning and 1 for the end. You are welcome to change the design but not the content. These will be emailed to you before your first event. SCCMS has a projector for members to borrow for speaking events.

SCCMS staff is available to help in any way you need (e.g. typing, copying handouts). Please feel free to call on us at any time. If you have any ideas how to make the Lyceum more useful and/or relevant, please tell us.

Mail completed form to: SCCMS
1975 Soquel Dr #215
Santa Cruz CA 95065-1821