NIH CEAL Support for Speaking Engagement Opportunities

The NIH Community Engagement Alliance (CEAL) is available for support in identifying experts for national- or state-level speaking engagement activities. Please complete and submit this form to CETAC@westat.com with information describing the event, along with a copy of the agenda and event flyer, if available. Advance notice of not less than 6 weeks prior to the event date is needed. We will do our best to respond to requests within 1 week. Although we will make every attempt to fulfill all requests submitted, CEAL expert panel participants and NIH representatives may not be available due to scheduling conflicts. Flexibility in your scheduling is welcomed.

Please complete the form in its entirety (five sections total):

- 1. Event Organizer Information
- 2. Event and Audience
- 3. Event Type
- 4. Event Platform
- 5. Contacts

Event Organizer Information

| First and last name | |
|----------------------------|--|
| Title | |
| Organizational affiliation | |
| City, state | |
| Email address | |
| Phone number | |

Event and Audience

| Title/brief description of the event (attach an event flyer if one is available) | |
|---|--|
| Event host(s) | |
| Host mission/URL | |
| Event URL Event # or X handle | |
| How many attendees are expected? Attach a participant list, if possible. | |
| Brief audience description | |



Event Type

| | · · · | |
|--|----------|--|
| Date and time | | |
| Names of moderators and/or other panelists | | |
| Type of event (e.g., moderated panel, presentation, community Q&A) | | |
| Will there be time for a Q&A? If so, please indicate the format and length. | | |
| Amount of time allotted for the speaker | | |
| Type of speaker expertise requested | | |
| Would you like to request a subject matter expert from one of the CEAL programs? If yes, please select the relevant program(s) from the list below, or visit CEAL Topics and Programs to learn more. | | |
| Alliance for Community Engagement – Partnership for Action Toward Health | | |
| American Indian, Alaska Native, Native Hawaiian, and Pacific Islanders Enrichment Initiative | | |
| Community Engagement Alliance Consultative Resource | | |
| Community Engagement Alliance Regional Teams | | |
| Health Knowledge Monitoring and Response System Pilot | | |
| Maternal Health Community Implementation Pro | ject | |
| Implementing a Maternal Health and PRegnancy Outcomes Vision for Everyone Community Implementation Program | | |
| Network for Community-Engaged Primary Care R | lesearch | |
| Top two messages you would like the speaker to address | | |
| Other topics to be addressed during the event (including by other speakers) | | |
| If event is in an interview format, please provide questions that the speaker will be asked | | |
| Additional comments or important considerations when selecting a speaker for your event | | |



Event Platform

| Type of platform (e.g., Zoom, WebEx, Facebook Live, Instagram Live, pre-recorded, in-person meeting) | |
|---|--|
| Event registration link | |
| Speaker/presenter link | |
| Is there support for a PowerPoint presentation? If so, is it encouraged? | |
| Will the event be recorded and broadcast at a later date or archived? | |
| Is this event invitation only? | |

Contacts

| Person to contact regarding speech content | |
|---|--|
| Person to contact regarding meeting logistics | |
| Primary and secondary contacts for sending Power- Point files, if applicable | |

