## Request for Lecture Recording

Please complete this form and send to the Professional Development Officer (PDO) in your state along with your Lecture Booking Form.

|  |  |
| --- | --- |
| State | Group |
|  |  |
| Lecture Title | **Lecture date** |
|  |  |
| Explanation of how/why this topic has wide national appeal |
|  |
| Presenter has signed the Consent to Record form (submit with this request form) |
| [ ]  Yes [ ]  No |
| The lecture convenor is tech savvy and comfortable and able to set up the lecture for recording |
| [ ]  Yes [ ]  No |
| Does the lecture contain a physical demonstration?  |
| [ ]  Yes [ ]  No |
| Name of committee representative submitting the request |
|  |
| Contact email and phone number of committee representative |
|  |