

Lindsey Zirker Nutrition Consulting

Request Form

Phone: 208-643-4204 Fax: 208-516-2302

Email: dietitian@lindseyzirkernutrition.com

Name: _____ Phone: _____

Office address: _____ Email: _____

I am interested in:

- Complimentary postcards with course information for patients
- Meeting with Lindsey to review a course
 - Please list ideal days/ times and Lindsey will contact you to set up a meeting
 - Days: Monday Tuesday Wednesday Thursday Friday
 - Times: Morning Afternoon
- Requesting the development of a course
 - Course Topic: _____
 - Is this a course you want to white label for your office? Yes No
IE you want sole ownership of this course to share with/ sell to your patients alone
 - Is this a course you want to just refer your patients to? Yes No
IE you just want a resource your patients can have access to
 - Please list ideal days/ times and Lindsey will contact you to set up a meeting
 - Days: Monday Tuesday Wednesday Thursday Friday
 - Times: Morning Afternoon
- Other: _____

Speaking Request

Event Date: _____ Time: _____

Webinar Physical Location: _____

Lindsey Zirker Nutrition Consulting

Requested Topic: _____

Presentation length: _____

Target Audience:

- Dietitians (specialty): _____
- Students (grade level, class): _____
- Management
- Staff
- Other _____

Expected number of people: _____

Specific Speaker Requests (type of presentation, objectives, requests for handout etc)

Lap top and/or projector available for presentation: Yes No

Is there any information you need from Lindsey?

Please note that speaking fees or honorariums are decided on a case by case basis depending on topic, type of presentation, travel, and type of organization. Please feel free to reach out to Lindsey with any questions or concerns.

After submitting this from you should hear back from Lindsey within 2 business days