

UPMC Center for Integrative Medicine

Dedicated to increasing knowledge about safe and effective complementary and integrative medicine approaches.

Presentation / Workshop Request Form

Please complete the following so we can have a better understanding of your needs and determine if we are able to meet your request.

Requesting: workshop presentation other/unsure

Note: a workshop typically includes skills instruction and practice, or demonstration. A presentation typically includes information and discussion.

Are you looking for in-person or virtual - If in person, please enter location:

Requested date and time:

Time commitment (expected length of presentation):

Please check the topic(s) for which you are requesting a speaker:

- | | |
|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> Mindfulness Meditation |
| <input type="checkbox"/> Integrative Behavioral health | <input type="checkbox"/> Naturopathic counseling |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> General health | <input type="checkbox"/> Structural integration/ Myofascial release |
| <input type="checkbox"/> Health coaching | <input type="checkbox"/> Yoga |
| <input type="checkbox"/> Integrative Medicine | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Integrative nutrition | |

Please describe the type of audience: (public, elderly, nurses, teachers...etc):

Expected # of attendees:

Amount of budget for presenter:

How did you hear about us?

Is your organization part of PITT or UPMC -- No

Please tell us about your department/organization:

Please email your completed request to cimintake@upmc.edu and we will review and get back to you.

Thank you,

Brittany Kail, Administrative Manager

UPMC Center for Integrative Medicine
412-623-1203