



KENTUCKY REGISTERED SANITARIAN EXAMINING COMMITTEE

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chfs.ky.gov/agencies/dph/dphps/emb/Pages/sanitaricians.aspx

HONORARIUM REQUEST

MEETING TITLE: _____

MEETING DATE(s): _____

AGENCY-ASSOCIATION SPONSORING MEETING: _____

SPEAKER(S):

NAME: _____

SPEAKER'S CREDENTIALS: _____

PRESENTATION TITLE: _____

LENGTH OF PRESENTATION: _____

SPEAKER(S) COST:

AIRFARE: \$ _____

MILEAGE: \$ _____

LODGING: \$ _____

MEALS: \$ _____

OTHER: \$ _____

TOTAL REQUESTED HONORARIUM: \$ _____

EXPLANATION ATTACHED: Y ____ N ____

SUBMITTER NAME(S): _____

To Protect and Promote the Public's Health by Ensuring a Sanitary, Safe and Healthy Environment to Live and Prosper



Kentucky Public Health

Prevent. Promote. Protect.