



NEALS

Northeast Amyotrophic
Lateral Sclerosis
Consortium®

The NEALS Patient Education and Advocacy Committee (PEACe)

PEACe Committee Presentation Submission Request Form

Organization/Applicant Name: _____

Email Address: _____

Presenter Names: _____

Proposed Presentation Title: _____

1. Purpose of Your Presentation

(Briefly describe the main objective of your presentation and how it aligns with the PEACe Committee's mission.)

2. Key Objectives

(List up to three key objectives of your presentation.)

1. _____

2. _____

3. _____

3. Relevance to ALS Research Ambassadors:

How do you hope to collaborate with ALS Research Ambassadors, and what specific opportunities are available? Please clearly state any "asks" you may have for our Research Ambassadors. If forming an advisory board, please specify the level of commitment you are seeking.

- Participation in an initiative/program
- Feedback on a project or idea
- Advisory Board Opportunity** *(please specify details below)*
- Other: _____

Expected Commitment (if applicable):

- One-time involvement
- Ongoing involvement *(please specify estimated time commitment)*

4. Do you have any final comments or additional details you'd like to share?

If interested in presenting to the **NEALS PEACe Committee**, please complete this form and submit it, along with your expression of interest, to **Christina Smith at csmith@neals.org**.

Submission Date: ____ / ____ / _____