

Florida Birth Related Neurological Injury Compensation Association (NICA) NICA Board Meeting Request to Speak

Name:

Representing: (Check and/or fill out one below)

- () NICA Parent
- () Other_____

Please specify which agenda item you are speaking on:_____

Please indicate how you plan to participate:

- () In Person
- () Online

This speaker request will be maintained as part of the Board file