

Request for Letter of Invitation
The 11th Annual PROMIS® International Conference
October 26-28, 2025 – Milwaukee, Wisconsin USA

First Name *

Last Name *

Middle Initial *

* exactly as it appears on your passport

Degree (i.e., MD, PhD)

Street Address

City

State / Province / Territory

Zip / Postal Code

Country

Email Address

Submit this request form
to Zan Lofgren, PHO Executive Director
zan-lofgren@promishealth.org

Once this form is received, a letter of invitation shall be sent by e-mail to the individual named above (invited presenter and/or registered attendee).

A letter of invitation is not a commitment on the part of the PHO to provide any financial support for conference attendance or participation.