



**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 \_\_\_\_\_

Agenda item speaking on: \_\_\_\_\_

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Please indicate how you plan to participate:

In Person

Online

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