



Speaker Form

Request for Speaking Opportunities

R **6 to 8 weeks in advance**

Agency/organization name: _____

Contact person: _____

Phone: _____ Email: _____

Address/location of event: _____

Major cross streets: _____ Parking info: _____

Person to report to at event: _____ On-site phone/cell: _____

No. of people expected: _____ Age group: _____

Event date/time: _____

Items provided: _____ Table(s) _____ Chair(s) _____ Projector _____ Other: _____

Requested Presentation Topic (please print clearly): _____

Date of presentation: _____ Time: _____

No. of people expected: _____ Age group & gender: _____

For internal use:

Received on: _____ By: _____

Approved: _____ Denied: _____