SPEAKER REQUEST FORM

The request form is due one month prior to the event to be considered. If the request form is not received timely, then the agency may be unable to participate. Submission of a request form does not guarantee agency participation.

Group Name: ________________________  Event Title: ____________________________

Event Address: ______________________ City: __________________ State: ______ Zip: __________

Event Contact Person: ____________________________ Primary Phone: ________________

#: ____________________________ Contact Email: ____________________________

Date of Presentation: ____________________________ Start Time: ____________________________ Length of Presentation: ____________________________

Number of Participants per Presentation: ____________________________ Number of Presentations: ____________________________

Audience (i.e., middle school students): ____________________________

Presentation Desired: ___Speaker ___Round Table ___Booth/Fair

Description of Desired Presentation: Please note if this is a keynote presentation.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional Description of the Event:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Agency decision: ____________________________ Signed: ____________________________ Date: ____________________________