

## **Speaker Request Form**

| Date of request:                            |   |
|---|---|
| Organization name:                          |   |
|   |   |
|   | Contact phone:                                |
|   |   |
|   |   |
|   | Time of presentation:                         |
| Length of presentation:                     | Audience size:                                |
| Brief description of organization/audience: |   |
| Description of seating/room arrangement (   | podium, head table, etc.)                     |
| Is a sound system available?                | No  |
| Can you accommodate a slideshow present     | ation? □ Yes □ No                             |
| Other information (lunch included, etc.):   |   |
|   |   |
|   |   |
| Please return completed form by             | email or in person to the Marketing office.   |
| ☐ Speaker scheduled:                        |   |
| ☐ Confirmed with organization ☐ Co          | onfirmed with speaker    Evaluation forms out |
| ☐ Thank you to organization ☐ Th            | nank vou to speaker                           |