

DATE REQUESTED: _____

**SPEAKER'S BUREAU PRESENTATION
REQUEST FORM**

CONTACT PERSON: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____ OFFICE EMAIL: _____

DETAILS OF PRESENTATION REQUEST:

DATE: _____ DAY: _____ TIME: _____ to _____

DATE: _____ DAY: _____ TIME: _____ to _____

FOCUS OF PROGRAM/PRESENTATION: _____

NUMBER OF PEOPLE EXPECTED AT MEETING(S):
**(Please note that presentations should include 15 or more people) _____

MEETING PLACE:

IN PERSON OR VIRTUAL? _____

PREFERRED VIRTUAL FORMAT:

OTHER PERTINENT INFORMATION: