



ACCESS TO CULTURE

SHARON SCHWEITZER, J.D.



Speaker Request Form 2017

Contact information of person requesting a speaker:

First Name: _____

Last Name: _____

Organization: _____

Primary Phone: _____

Alternate Phone: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Event Name and Address:

Event Name: _____

Organization Hosting Event: _____

Organization Website: _____

Type/Background of Organization: _____

Event Sponsor: _____

Event Date (mm/dd/yyyy): _____

(If multiple dates or flexible dates, please enter one date here and provide details in the comments at the bottom of this form.)

Event Start/End Time (hh:mm) _____

Speaker Start/End Time: (hh:mm) _____ Q&A Included? Yes: _____ No: _____

Event Venue: _____

Building or Room: _____

Event Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Event Type: _____

Topic Requested (if known): _____

Length of Presentation

_____ 2-3 Hours Presentation _____ Lunch & Learn _____ Breakfast Session

_____ Dinner Session Other, Please specify _____

Expected Audience Size: _____

Audience Description/Demographics: _____

Number of Presentations: _____

Other Scheduled Speakers: _____

Event Open to Press? _____ If yes, please provide details: _____

Event to be broadcast? _____ If yes, please provide details: _____

Speaker bio needed? _____ Speaker photo needed? _____

Indicate Equipment Available:

___ Lavalier or Lapel Microphone

___ LCD Projector & Screen

___ Hand-held Microphone

___ Room can be darkened

___ Public Address System

___ Computer with Microsoft PowerPoint

___ 6' Table & Two Chairs

___ Demonstration table w/ place setting (Dining course)

Any other information that may help to clarify your request:

Is this event, or any part of the event, a fundraiser?

___ Yes

___ No