

SPEAKERS' BUREAU ENGAGEMENT REQUEST

SPONSORING ORGANIZATION DETAILS:

Organization: _____ _____	Contact Name: _____ _____
Address: _____ _____ _____	Phone No: _____ Email: _____

EVENT DETAILS:

Event Name: _____	Presenter: _____ <small>(office use)</small>
Location: _____	Expected No. of Attendees: _____
Date of event: _____	Description of Audience: _____ _____
Time: _____	On-site Contact: _____
Address: _____ _____ _____ _____	Phone No: _____ Email: _____
Wheelchair accessible <input type="checkbox"/> Yes <input type="checkbox"/> No	Parking Information: _____ _____ _____

PRESENTATION DETAILS:

<u>Equipment Availability:</u> Laptop <input type="checkbox"/> Yes <input type="checkbox"/> No Projector <input type="checkbox"/> Yes <input type="checkbox"/> No Microphone <input type="checkbox"/> Yes <input type="checkbox"/> No	Topic/Module(s) Requested: _____ _____ Allotted Presentation Time: _____ Q & A Time: _____
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