



SPEAKER REQUEST FORM

Name of Organization: _____

Contact Name: _____ Contact Email: _____

Contact Title : _____ Phone: _____

Date of Request: _____

ABOUT YOUR EVENT

Event Title/Purpose: _____

Event Date: _____ Presentation Time: _____

Number of participants expected: _____

Length of presentation requested: _____

Location Street Address: _____ City: _____ State: _____ Zip: _____

Parking details for speaker: _____

Available Technology

- | | |
|---|--|
| <input type="checkbox"/> Computer with PowerPoint | <input type="checkbox"/> Microphone |
| <input type="checkbox"/> Internet Access | <input type="checkbox"/> Board or Flip Chart for Writing |
| <input type="checkbox"/> Projector & Screen | <input type="checkbox"/> Other _____ |

Audience Description:

Please provide any additional details about your event:

Will there be an honorarium? YES _____ NO _____

For RJEC Use Only

Speaker Assigned _____ Date event confirmed with Organization _____

Email confirmation sent on: _____