

SPEAKING ENGAGEMENT REQUEST FORM

Please complete as much information as possible regarding the event and speaker requirements and then hit the **SUBMIT FORM** button to send.

REQUESTOR / ORGANIZER

Contact Name: _____

Alternate Name: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Name of Organization: _____

Organization Website: _____

Description of Organization: _____

INFORMATION ABOUT EVENT

Event Title: _____

Start Date (required): _____ Start Time: _____ End Time: _____

End Date (required): _____ Start Time: _____ End Time: _____

Event/Registration Website: _____ Registration Fee: ☐ Yes, \$ _____ ☐ No

Open to the Public: ☐ Yes ☐ No Venue: _____

Address (Street, City, State, Zip): _____

Description of Event (required): _____

Audience Size: _____ Primary Language of Expected Audience: _____

Audience Type: ☐ Community ☐ Govt. Agency ☐ Legal/Professional ☐ Other: _____

Audience Knowledge of Topic (limited / knowledgeable / very knowledgeable): _____

Agenda / Schedule Available for Event: ☐ Yes ☐ No

SPEAKER AND PARTICIPATION DETAILS

Requested Speaker (if known): _____

Speaker Participation Format (keynote speaker, panel member, etc.): _____

Speaker Participation Date and Time: _____

Speaker Length of Participation: _____

Topic of Presentation: _____

Photo Needed: ☐ Yes ☐ No If yes, due date needed: _____

Biography of Speaker Needed: ☐ Yes ☐ No If yes, due date needed: _____

Audio / Video / Materials Needed: ☐ Yes ☐ No If yes, due date needed: _____

Will you need a master copy of speaker's handout/materials prior to the event for reproduction and distribution (The master copy(s) will be sent electronically as a pdf)? If yes, due date needed: _____

TRAVEL INFORMATION

Recommendation(s) for hotel accommodations that provide government rates:

1. Hotel Name: _____ Phone Number: _____

2. Hotel Name: _____ Phone Number: _____

Closest Airport to the Event: _____

Map / Directions from the Airport to the Hotel and Event Location:

ON-SITE CONTACT DURING EVENT

Contact Name: _____ Email: _____

Phone Number: _____ Fax Number: _____

Today's Date: _____

PLEASE SAVE THIS DOCUMENT AS A PDF AND EMAIL IT TO INNOVATIVEPERFORMANCEC@YAHOO.COM.