

SPEAKERS BUREAU REQUEST FORM

Organization's Name _____

Organization Contact Information

Name _____

Address _____

Phone _____

Fax _____

E-mail Address _____

Event Location

Street Address _____

City/Province _____

Event Date

Date (day/mo/year) _____

Time _____ A.M. P.M.

Type of Event

Business Breakfast Speaker

Business Lunch Speaker

Business Supper Speaker

Conference Seminar

Evening Meeting

Workshop

School/Class (elementary/secondary/post-secondary) Please circle one.

Other _____

Time Allocated for Speaker (e.g. 45 minutes) _____

Target/Type of Audience _____

Is Your Event Open to the Public? Yes No

Comments/Questions _____
