

### Speakers' Bureau Request for Speaker Form



Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

**Organization Type**

Church      SNF      ALF      Hospital Staff/Asso      Business Asso.      Community Orgs/Asso.      Colleges/Sc hools      Cultural      Health Asso.      Home Health Care      Other

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date of Presentation \_\_\_\_\_

Setup Time/ Time & Length of Presentation \_\_\_\_\_

**Topics Requested**

Hospice Overview      Health Fair      Transitions      Palliative Care      Children's Programs      End of Life Care      Faith Based Training      Advance Directives      Bereavement      Receive Donation      Five Wishes      Other

Expected Number of Participants \_\_\_\_\_

Actual Number of Participants \_\_\_\_\_

Street Address of Presentation Location \_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

Cost \_\_\_\_\_

Materials to Bring \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Presentation setup**      computer and projector available, only bring presentation
- setup only** available, bring computer and projector (can project onto an empty wall)
- screen needed
- no setup available for presentations (no room or outlets available)

Assigned to \_\_\_\_\_

Confirmed speaker with contact:      Date \_\_\_\_\_      Called by \_\_\_\_\_      Spoke to \_\_\_\_\_

Evaluation given to contact \_\_\_\_\_