



# Hattie Larlham Speakers Bureau Request Form

## Organization Information

Organization Name	
Organization Mailing Address	
Organization Website	
Contact Person	
Contact Mailing Address	
Contact Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Contact Email	

## Speaking Engagement Information

Requested Date		Alternate Date	
Start Time of Engagement			
Actual Length of Speaking time			
Location of Speaking Engagement			
Expected Size of Audience			
Desired Topic			
AV/Other equipment available at location (please check all that apply):	<input type="checkbox"/> Podium	<input type="checkbox"/> Microphone	<input type="checkbox"/> Table <input type="checkbox"/> Laptop <input type="checkbox"/> TV/VCR <input type="checkbox"/> Screen <input type="checkbox"/> LCD Projector <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Other (describe):
Will meal be provided for speaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
May Hattie Larlham distribute literature?			
How will your organization promote this speaking engagement?			
Does your organization use social media?	<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	<input type="checkbox"/> Other: _____
Promotional materials requested	<input type="checkbox"/> Speaker Bio	<input type="checkbox"/> Speaker Photo	<input type="checkbox"/> General Hattie Larlham Photo
Is your organization interested in a tour of the Hattie Larlham Center for Children with Disabilities in Mantua?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not at this time	
Comments/Additional information			

<b>For Office Use Only</b>			
Confirmation Sent		Summary Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assigned Speaker		Date Completed	
Actual Attendance		Entered into Log	
Notes			