



## Speaker's Bureau Request Form

Today's Date: \_\_\_\_\_

Day and Date of Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event Location & Address: \_\_\_\_\_

\_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Approx Attendance #: \_\_\_\_\_

Include 5 min video with presentation? \_\_\_\_\_ Do you have DVD player/screen? \_\_\_\_\_

Parking and/or Specific Location Details: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**Please provide at least two weeks notice. Fax form to 925-791-2346.  
We will try to accommodate requests, but cannot guarantee a speaker.  
We will contact you with a confirmation. Thank You!**

[www.wheelchairfoundation.org](http://www.wheelchairfoundation.org)