

***Speaker Request Form***

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| Date(s) Requested |  | Start Time |  |
| Length of Presentation |  |
| Contact Person / Title |  | Phone |  |
| Contact Email |  |
| Organization Name |  |
| Organization Address |  |
| Presentation Address |  |
| Audience Demographics*gender / age / profession* |  | Audience Size |  |
| Purpose of Presentation |  |
| TV / VCR / Projector? | Yes / No | Dry-erase board/pens? | Yes / No |
| Have we presented here before? | Yes / No | Date: | Presenter: |
| Handouts Required |  |
| Request Taken By |  |
| Request Filled By |  |
| Date Request Filled |  |
| Honorarium Fee Provided *$75.00 suggested* | Yes / No | Amount: **$** |

Please return this form to the **Development Associate** at Center for Domestic Peace.
You may submit this form electronically by sending it to **fhansia@c4dp.org** or mail to:

***Development Associate***

***Center for Domestic Peace
734 A Street
San Rafael CA, 94901***