

***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***