

SCHNECK SPEAKERS BUREAU SPEAKER REQUEST FORM

Event Request Date _____ Topic Request _____

Event Description _____

Program Location _____

Speaker Must Arrive _____ Speaker May Depart _____

Requesting Organization _____

Contact Name _____ Phone _____

Email _____

Onsite Contact Name* _____

Phone _____ Cell Phone _____

Email _____

**The onsite contact is the point of contact for the speaker at the event.*

Program Information

Will you need a bio and photo of the speaker? Yes No

Will you need a copy of the Schneck Medical Center logo? Yes No

Does the venue have audio/visual capabilities? Yes No

What is the expected attendance for this event? _____

Other comments or requests:

Please fax this form no later than 30 days prior to the event date to 812-524-3346.
Thank you for your request!



schneck foundation
sharing means caring