Speaker Request Form

Requests should be made 4-6 weeks in advance of the event. All requests must be submitted in writing and will be considered on an individual basis.

Name of Organization _____________________________________________________

Contact Person ___________________________________________________________

Address 1 _______________________________________________________________

Address 2 _______________________________________________________________

City__________________________ State_____ Zip Code ________________

Phone_________________________ Fax____________________________

Email___________________________________________________________________

Name of Program/Event

Day & Time of Program/Event_______________________________________________

Location of Program/Event _________________________________________________

Format of Event (Lunch & Learn, Support Group, etc.)___________________________

________________________________________________________________________

What type of speaker would you like? _________________________________________

Presentation/Topic________________________________________________________

How much time will speaker be allotted? ______________________________________

Expected Number of Attendees______________________________________________

Who is your target audience?  General       African-Americans       Seniors

Men    Employees    Women    Kids/Parents    Other__________

Can the location accommodate Power Point (i.e., screen or blank wall)? YES NO

Does location have a projector and laptop hook-up? YES NO

Thank you for your request. Please fax this completed form to Liberty Stroman at 704-225-2881 or e-mail to liberty.stroman@carolinasehealthcare.org.