

# SPEAKER REQUEST FORM



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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Name of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Start Time: \_\_\_\_\_  am  pm Event End Time: \_\_\_\_\_  am  pm

Event Location (city, state): \_\_\_\_\_ Event Venue (hotel, facility, etc.): \_\_\_\_\_

## Onsite Event Contact

Name: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

## About the Audience

Description: Who are they, what do they do? \_\_\_\_\_

Challenges they are facing: \_\_\_\_\_

Estimated attendance: \_\_\_\_\_

## The Presentation

Speaking Topic: \_\_\_\_\_

Preferred takeaway message: \_\_\_\_\_

- Format:  Keynote  
 Panel discussion  
 Workshop  
 Special session  
 Breakout session  
 Other: \_\_\_\_\_

- Presentation length (minutes): \_\_\_\_\_  
Scheduled time: \_\_\_\_\_  am  pm  
 One-time presentation  
 Repeat presentations  
 Multiple, varied presentations

- Photography (copy requested):  Yes  No  
Recorded (copy requested):  Video  Audio only  
Live feed:  Yes  No  
Q&A allowed:  Yes  No

Deadline Date (must know by): \_\_\_\_\_

## Environment & A/V

- Stage:  Auditorium  
 Risers  
 No stage

- Microphone:  Lavalier  
 Wireless handheld  
 Wired handheld  
 Wired on stand/podium  
 No mic

- Vendor table:  Yes, included  
 Yes, for a fee of \$ \_\_\_\_\_  
 No, not available

- Podium:  Free standing  
 Tabletop  
 No podium

- Internet:  Yes, included  
 Yes, for a fee of \$ \_\_\_\_\_  
 No, not available

Other: \_\_\_\_\_

Screen/Projector:  Yes  No

Laptop:  Yes  No

## Additional Comments

If outside of the Springfield, MO area, mark the expenses below that will be covered by your organization:

- Hotel  Mileage  
 Food  Flight

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