

## SPEAKER/PRESENTATION/BOOTH REQUEST FORM

Thank you for your interest in having us visit your group. District staff fulfill as many presentation or booth requests as we are able. Please complete and return the form below so we can begin processing your request. You will be contacted within one week.

Organization Name:				
Organization Address:				
Name of Person Making the Request:				
Contact Phone #:	Contact Email:			
Audience Information				
Business or Nonprofit		Scout Group		
School or Educational Center		Youth Day Car	np	
General Adult Audience		Other		
Date and time requested (please provide	several choices, if possible):			
 Topic:				
Length of time including questions (30-m	inute minimum): minute	es Expected nu	mber of peo	ple:
Do you need pre-approval from your bus	iness, school or organization b	efore booking a	speaker/vis	itor? YES NO
If yes, who is the person in charge of arra	inging speaking engagements a	at your organiza	ition?	
What equipment will you have available	for us to use? Screen	Projector	Laptop	AV equipment
Do you plan to promote or market the sp	eaker, presentation or booth?	YES N	NO NOT	SURE
Explain:				
Are there any other details we should be	aware of?			

Return this completed form to <u>swdinfo@cuyahoqacounty.us</u> or by fax (216) 478-0014. Save a copy for your records.

\*\* For District Use \*\* Date Received: Notes: Printed on chlorine free, 4750 East 131 Street Garfield Heights, OH 44105 216.443.3749 CuyahogaRecycles.org



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