



2009-2010 MUSEUM OF NATURE & SCIENCE

REQUEST FOR SPEAKER

ORGANIZATION NAME _____

Meeting date(s):

1ST CHOICE _____ Time: _____

2ND CHOICE _____ Time: _____

3RD CHOICE _____ Time: _____

Meeting location (list street address, floor, room location and any special directions, etc.)

Parking Instructions: _____

Number of people expected to attend: _____

Amount of time allotted for speaker (including Q & A) and format: _____

Will media be in attendance? _____

What time during the meeting will speaker be making their presentation?

Beginning of meeting Middle of meeting End of meeting

Do you have powerpoint capability (ie: a projector, screen, etc?) Yes No

What time would you like the speaker to arrive? _____

KEY CONTACT PERSON _____

Work Phone _____ Cell _____

Email _____

Mailing Address: _____

IF THE CONTACT PERSON AT THE EVENT IS DIFFERENT, PLEASE PROVIDE THEIR NAME, EMAIL AND CELL PHONE NUMBER: _____

Requested Materials (please list how many you need): _____

ADDITIONAL COMMENTS:

Please return as soon as possible via fax (214-871-7231) or email (angela@thereedsprc.com)

We will confirm your request as soon as it is received.

Please allow 5-7 business days from receipt of your request to allow our organization to assign an appropriate speaker to your group. You then will receive an email confirmation with information on your speaker.

Please notify us immediately at (214) 871-0783 if there are any changes to your request.

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Assigned Speaker: _____ Database: _____