



Barbara Greenspan Shaiman, M.Ed., Founder
 P.O. Box 568 | Bala Cynwyd, PA 19004
 P 610-747-0166 | F 484-278-4243
 barbara@embraceyourlegacynow.com

embraceyourlegacynow.com

SPEAKER REQUEST FORM

Please fax or email completed form using contact information in the top right.

Name _____ Organization/Company _____

Address _____

CONTACT INFORMATION

Primary Event Contact (Name) _____ Email _____

Phone (cell) _____ (work) _____ (emergency) _____

EVENT TYPE

- Panel
 Discussion
 Keynote
 Workshop
 Book Signing
 Award
 Other (Please describe.) _____

EVENT SPECS

1. Event Title/Topic _____

2. Estimated number of guests _____ 3. Audience _____

4. Date _____ Time _____ Duration _____

5. Will a meal or other programming be part of the event? Yes No

a. If yes, is request before or after meal/event programming?

b. Will there be a Q&A session? Yes No If yes, for how long? _____

c. Details _____

6. Location _____

7. Will there be a book purchase and/or signing opportunity? Yes No

8. Travel and accommodation allowances (if applicable) _____

9. Do you have any requests of the speaker? _____

10. Will your organization manage public relations, promotion and advertising for the event? Please provide details. _____

11. Other event details/comments (if not provided above) _____