SPEAKER REQUEST FORM

I. Sponsoring organization(s): _

Point of contact (Name, telephone number, email address)_____

II. Meeting/Event:

Date: _____ Start Time: ____ End Time: ____ Place (city): _____ Venue: _____

Place (city): ______ Venue: ______ Venue: ______ If location is outside Hillsborough County, directions to the meeting place from MacDill Air Force Base:

III. Speech:

Subject desired	Time to be allowed
Will there be a question & answer period after speech?	

IV. Details of the program:

Other speakers (please list in order of appearance)

Speaker Subject & Length of speech

V. Audience:

Estimated size: _____ Composition of audience: (businessmen, teachers, general public, etc.) _____

VI. Publicity:

Will the meeting be open to the media? _____ Will the speech be broadcast? _____ Will the speech be taped, filmed or otherwise recorded? _____

VII. Equipment:

Audio/Visual equipment available at the event site:

- ____ Laptop
- ____ Projector
- ____ Screen
- ____ TV/Monitor
- ____ PA system

VIII. Miscellaneous

Give any other significant information which may be helpful in the selection of an appropriate speaker.