



Speakers Bureau Request Form

THE ORGANIZATION

Organization/Agency Name: _____

Contact Name: _____ Title: _____

Address: _____

Phone Number: _____ E-mail: _____

THE TOPIC

Topic Requested: _____

Date(s) of Engagement: _____ Time(s): _____

Presentation Length: _____ Confirmation Deadline: _____

Comments/Special Requests: _____

THE AUDIENCE

Audience Description (e.g. type of employment, level of knowledge on the topic, etc.): _____

Anticipated Attendance Size: _____

DISCOUNT DETERMINATION (please circle one for each question)

1. Does the presentation solely consist of an educational overview of mental health or substance abuse terms or topics (e.g. symptoms of a mood disorder, affects of alcohol on the brain, etc.)? **Yes** **No**

2. Is the presentation designed to be part of a training or curriculum for staff or employees? If yes, please explain. _____ **Yes** **No**

3. Will the presentation be given to a not-for-profit group or organization? **Yes** **No**

4. Does the presentation allow for publicity of Porter-Starke Services or any of its programs (e.g. press release, program listing, etc.)? If yes, please explain. _____ **Yes** **No**