



Speaking Engagement Request

Date Request was made: _____

Name of Group: _____

CONTACT PERSON - Name: _____

Address of Contact Person: _____

_____ Post Code _____

Contact Tel. Numbers: _____

Contact Times _____

E-Mail: _____

Venue address _____

Date of Speaking Engagement: _____ Time _____

Amount of Time Available: _____

No. of Attendees: _____

What equipment do you have available (please tick):

Screen ___ OHP ___ Video Player ___ TV Screen ___

Multi-media/Electronic Projector ___ Table for Display ___

(Note: not all equipment is necessary and we can sometimes bring our own).

General Comments / Special requirement regarding speaker, for e.g., medical expertise, description of the group.

Office use

Speaker: _____

Date Speaker Confirmed: _____ Comment: _____

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