

## REQUESTOR INFORMATION

Organization Name:

Contact Name:

Phone Number:

E-Mail:

Address:

City/Town:

Postal Code:

## EVENT DETAILS

Date of Event (Community Fair/Presentation):

Time of Event:

Name of Venue:

Room:

Venue Address:

City/Town:

Postal Code:

Number of Attendees Expected:

## TOPIC INFORMATION

*(Please provide a brief description about the topic of interest that you would like our speaker to talk about):*

**EVENT DETAILS** – *Check all that apply*



**Presentation Request**

Allotted Time for Presentation:

**Audio Visual Support:**

- |                                    |   |                                      |
|------------------------------------|---|--------------------------------------|
| Microphone Podium                  | <input type="checkbox"/> Available Onsite | <input type="checkbox"/> Provide Own |
| LCD Projector                      | <input type="checkbox"/> Available Onsite | <input type="checkbox"/> Provide Own |
| Laptop (equipped with Power point) | <input type="checkbox"/> Available Onsite | <input type="checkbox"/> Provide Own |
| Flip Chart(s) & Markers            | <input type="checkbox"/> Available Onsite | <input type="checkbox"/> Provide Own |
| White Board & Markers              | <input type="checkbox"/> Available Onsite | <input type="checkbox"/> Provide Own |
| AV person                          | <input type="checkbox"/> Available Onsite | <input type="checkbox"/> Provide Own |

**Information Booth/Display**

Type of Display  Table-Top  Free-Standing

Hours of Event:  Set-Up Time:

Table Provided:  Yes  No Size:

To be Staffed?  Yes  No

Chair(s) Provided:  Yes #Chairs:   No

Electrical Available:  Yes  No

Other Comments: