



Speakers' Bureau Booking Sheet

Name of Organization: _____

Contact Name: _____

Email: _____ Phone: _____

Presentation Date: _____ Presentation Time: _____

Length of Presentation: _____ Expected Attendance: _____

Location of Presentation: _____

Directions: _____

Type of Presentation: ___ Panel ___ Info Table

___ Short Talk/Discussion/Speech ___ Other: _____

What type of organization? _____

What is the format of your meeting/program? _____

Who will be attending? (Demographic info) _____

Has your group interacted with homeless people before? _____

Is there a specific topic about homelessness you'd like us to focus on (youth, families, chronic, domestic violence, and mental illness)? _____

Arrangements made by: _____ On: _____

Speaker(s): _____

Contact Info: _____

Date Speaker Request Sent: _____ Date Speaker Assigned: _____

Please return completed form to:
Loretta B Johnson
1070 Main Street, Suite 202
Pawtucket RI 02860
Fax 401-721-5688