



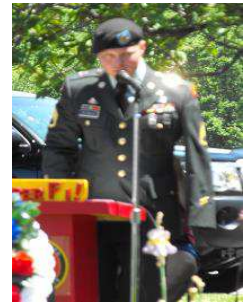
# SPEECH REQUEST FORM

**GREG REYNOLDS**

508-269-3088 / 508-802-3825

PO Box 576, DIGHTON, MA 02715

[www.makinlemonade.org](http://www.makinlemonade.org)



Date of Request: \_\_\_\_\_

## YOUR GROUP

Organization: \_\_\_\_\_ Non-profit Yes  No   
Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Website: \_\_\_\_\_

## THE EVENT

Event Date & Time: \_\_\_\_\_ Location: \_\_\_\_\_  
Name/Type of Event: \_\_\_\_\_ Attire: \_\_\_\_\_  
Audience Profile: \_\_\_\_\_ Audience Size: \_\_\_\_\_  
Speech Type/Theme: \_\_\_\_\_ Time Alloted for Presenting: \_\_\_\_\_  
Budget for Speaker: \_\_\_\_\_ Goal for Event: \_\_\_\_\_

## AVAILABLE EQUIPMENT

(check all that apply)

Podium  Wireless Mic  PowerPoint  Projection Screen  Other \_\_\_\_\_

## LOGISTICS

**No audio or video recording of presentation allowed unless specific contract has been signed.**

### **Travel:**

Mileage or transportation expenses provided? Yes  No

Lodging and meals provided (if pertinent)? Yes  No

### **Event Promotion:**

Will event be promoted on a web site? (www.\_\_\_\_\_) Yes  No

Can a link be posted to [www.makinlemonade.org](http://www.makinlemonade.org)? Yes  No

Will media be present? Yes  No

## COMMENTS OR OTHER DETAILS

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Email completed form to: [gwen@makinlemonade.org](mailto:gwen@makinlemonade.org)

Questions? Call: 508-269-3088 or 508-802-3825