

SPEAKERS BUREAU REQUEST FORM

Please print and fill out one form per program request and mail it, along with a check made out to the Wisconsin Humanities Council for \$100 per program, to the Wisconsin Humanities Council: 222 S. Bedford St. Suite F, Madison, WI 53703.

Word-for-word transcriptions of this form are acceptable. Keep a copy for your records. **Applications must be received at least six weeks before the program date.**

INFORMATION ABOUT YOU

Sponsoring organization: _____

Address: _____
(Street, City, State, Zip, County)

Program coordinator: _____

Telephone: _____

E-mail: _____

County: _____

State Senate District: _____

State Assembly District: _____

U.S. Congressional District: _____

May we use your e-mail address on our Web site calendar? _____

INFORMATION ABOUT THE SPEAKER

Speaker: _____

Program title: _____

Program date: _____

Program time: _____

Has the speaker agreed to this date? _____

You and the speaker must speak to each other and agree on a date before submitting this request form to the WHC.

INFORMATION ABOUT THE PROGRAM

Location of the program: _____
(please include the complete mailing address)

What publicity will you use? _____

Describe the primary audience for this presentation: _____

Estimated size of audience: _____

Have you ever used the WHC Speakers Bureau before? _____

How did you hear about the Speakers Bureau?: _____

I agree to publicize this program as being free and open to the public, to acknowledge WHC funding in the publicity, and to complete the final program evaluation forms, including documentation of the sponsoring organization's cost-share portion of the program.

Project Director's Signature: _____

Date: _____

Check for \$100 enclosed ___ yes ___ no

FOR WHC USE ONLY

Check Received: _____

Date: _____

Check Number: _____

Dated: _____

To Extension: _____

Send the completed form to the WHC **at least six weeks before the date.**