

## SPEAKER BOOKING FORM



Organization Name \_\_\_\_\_

Event Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Event Title/Theme: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Speaking Date (s): \_\_\_\_\_

Request as: Keynote Speaker \_\_\_\_\_ Workshop/Seminar Presenter \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

What is expected talk time: \_\_\_\_\_ Number of Attendees Expected: \_\_\_\_\_

Title of Speech, if applicable \_\_\_\_\_

Who is the audience? \_\_\_\_\_

Is there an honorarium available for the presentation? \_\_\_\_ yes \_\_\_\_ no

Can you provide a computer, projector and screen? \_\_\_\_ yes \_\_\_\_ no

Will a podium and microphone be available? \_\_\_\_ yes \_\_\_\_ no

Additional information or expectations \_\_\_\_\_

Please email request to Scheduling Assistant

[theresawilsonbooks@gmail.com](mailto:theresawilsonbooks@gmail.com)

Requests must be received at least 3 weeks prior to event

Or Mail to VMAssociates, Inc

PO Box 47182

Windsor Mill, MD 21244