

N. H. P. J.

Consulting Group

SPEAKER SERVICE REQUEST FORM

Presentation Details

Name of The Speaker Being Requested:

Topic Being Requested For Speaker To Present (*check only one*):

A Talk With Leaders

Coping With Major Illnesses & Disabilities

Couples Engaged To Be Married

Married Couples Desiring To Strengthen Their Marriage

Practical Principles For Managing A Company/Organization

Preparing Men To Be Husbands and Fathers

Preparing Women To Be Wives and Mothers

Requestor's Contact Information

Name:

Company/Organization Name:

Title:

Phone Number:

Email Address:

Company/Organization's Website:

Company/Organization's Address:

Address line #1

Address line #2

City:

State:

Zip:

Industry Type:

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Event Description

Date of Event:

Start Time:

End Time:

What is The Event's Theme/Purpose:

Describe Event's Format *(check only one)*:

Keynote

Retreat

Training/Workshop

Organizational Development

Event Location:

Address line #1:

Address line #2:

City:

State:

Zip:

Length of Time for Speaker's Presentation:

Logistical Information

Indicate What Equipment Will Be Available *(check all that apply)*:

Lavaliere Microphone

Laptop

Lapel Microphone

VCR

LCD Projector

DVD Player

Will This Event Be Recorded:

Yes

No

Will This Event Be Videotaped:

Yes

No

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Audience Composition

Audience Size:

Audience Type *(check all that apply)*:

Employees	Customers	Faculty
Executives	Members	Sports Team
Civic Organization	Church	Federal Legislators
City Legislators	County Legislators	State Legislators

Other Information

Will Event Be Open To The Press:	Yes	No
Will Event Be Broadcasted:	Yes	No
Is Speaker Bio Needed:	Yes	No

Email Address Where Speaker Should Send Bio:

Travel Information

- The speaker will make own travel arrangements.
- The speaker will make own travel accommodations to and from the Event Location.
- If speaker has questions or concerns, please provide two (2) Event Point of Contacts:

Event POC #1:
Email Address:
Phone Number:

Event POC #2:
Email Address:
Phone Number:

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SPEAKER SERVICE REQUEST FORM

Budget Information

Will An Honorarium Be Given To The Speaker: Yes No

How Will Honorarium Be Given:

Check	Electronic Funds Transfer
Money Order	Cash

Honorarium Point of Contact:

Phone Number:

Email Address:

Additional Speaker Dates

If Requesting Multiple Dates For Speaker to Present On The Selected Topic Listed Above, Please Provide Additional Dates Just Below:

Speaker Date #2: Event Location: Start Time:

Speaker Date #3: Event Location: Start Time:

Speaker Date #4: Event Location: Start Time:

Speaker Date #5: Event Location: Start Time:

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SPEAKER SERVICE REQUEST FORM

Return This Form To:

BY EMAIL:

services@nhpj.com

Subject: Speaker Service

BY MAIL:

N.H.P.J. Consulting Group
P.O. Box 1042
Greenbelt, Maryland
20768-1042