



# WORLD

## Women Organized to Respond to Life-Threatening Diseases

### SPEAKER'S BUREAU REQUEST FORM

Please fill out and fax to: (510) 986-0341 or email to: phyland@womenhiv.org

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

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

#### Contact info for Requester:

Name: \_\_\_\_\_ Agency/Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

#### Speaker requested for:

- Conference     Radio     Newspaper  
 School     Forum     TV    Other \_\_\_\_\_

Anticipated size of audience: \_\_\_\_\_

How many speakers requested? \_\_\_\_\_

#### Information about speaker(s) sought:

Age: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Other characteristics: \_\_\_\_\_

#### Describe project or event:

What topic(s) areas are most applicable to the audience? (Circle Any)

- |                        |               |                        |           |
|------------------------|---------------|------------------------|-----------|
| Personal story         | HIV 101       | HIV Prevention         | LGBTQ     |
| Medical Providers      | HIV Treatment | Mental Health Issues   | Parenting |
| Treatment              | Advocacy      | Substance Use/Recovery | Teens     |
| Other: (specify) _____ |               |                        |           |

Will speaker be:    Filmed? Y / N    Photographed? Y / N    Audio taped? Y / N

May speaker use:    Pseudonym? Y / N    First name only? Y / N

Stipend Available: \$\_\_\_\_\_ per speaker

Travel expenses covered? Y / N

How will speaker be paid? \_\_\_\_\_

Directions to site: \_\_\_\_\_  
\_\_\_\_\_