



## SPEAKER SERVICE REQUEST FORM

Date You Are Submitting Request: \_\_\_\_\_

Name (First): \_\_\_\_\_ (Last) \_\_\_\_\_

Company/ School/ Organization Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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

Do you have a mailing list:  YES  NO

If so, will you provide the Foundation with your mailing list?  YES  NO

How did you hear about our Speaker Service? \_\_\_\_\_

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### EVENT DESCRIPTION:

Company/School/Organization for which event is being planned (if different from above):

\_\_\_\_\_

Type of Event (i.e. Clinic, Fundraising Dinner, etc.): Please Describe.

\_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: (Indicate Street Address, City, State and Zip)

\_\_\_\_\_

How long will the athlete/speaker need to be present? \_\_\_\_\_

Audience Size: \_\_\_\_\_ Demographic (i.e teachers, retirees, etc.) \_\_\_\_\_

What will the athlete/speaker be required to do: (Please check all that apply)

Speak\*{ Keynote  Panelist  Panel Moderator  Group Session Leader}  Sign Autographs

Accept an Award  Present an Award  Other (Describe): \_\_\_\_\_

If you checked Speak, Indicate topic: \_\_\_\_\_ Length \_\_\_\_\_ minutes

List any sponsors, products or companies associated with the event? (To avoid endorsement conflicts)

\_\_\_\_\_

Will media interviews also be scheduled?  YES  NO

*\*If yes, an organizational representative must be present to control/limit the media.*

Can we provide educational materials to distribute at your event?  YES  NO

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**BUDGET:**

\* **Due to the high volume of requests, we cannot fulfill requests if the athlete/speakers fee is less than \$5,000.00.**

- **DO NOT** list your total budget. List the travel/accommodations budget separate from the Speaker's Fee.
- **Travel and accommodation expenses MUST be provided for Athletes/Speakers.**
- **Requests cannot be processed unless the Athlete/ Speaker's Fee AND Travel and accommodations expenses are provided.**

Athlete/ Speaker's Fee: \$ \_\_\_\_\_

Travel/ Accommodations Expenses: \$ \_\_\_\_\_

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**ATHLETE/ SPEAKER:****1. Preferred Sport/Athlete:**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

**2. Geographical Origin of Speaker:**

\_\_\_\_ From the city or state where the event is taking place.

\_\_\_\_ Does not matter.

\_\_\_\_ Other. Please Specify. \_\_\_\_\_

**3. Preferred Background of Speaker:**

\_\_\_\_ Academic      \_\_\_\_ Business      \_\_\_\_ Athlete

**4. Preferred Speech Topic:**

\_\_\_\_ Motivational/Inspirational

\_\_\_\_ Research/Informational

\_\_\_\_ Other: Please specify. \_\_\_\_\_

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**RETURN YOUR APPLICATION TO STACY HOLAND:****BY MAIL:**

Women's Sports Foundation

Attn: Speaker Service/Stacy Holand

1899 Hempstead Turnpike, Suite 400

East Meadow, NY 11554

**BY EMAIL:**

[SHoland@womenssportsfoundation.org](mailto:SHoland@womenssportsfoundation.org)

Subject: Speaker Service

**BY FAX:**

516-542-4716

Attn: Stacy Holand