



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? _____

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

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: \$ _____

ATHLETE/ SPEAKER:

1. Preferred Sport/Athlete:

1st Choice: _____

2nd Choice: _____

3rd 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. _____

RETURN YOUR APPLICATION TO LINDSAY HOCK:

BY MAIL:

Women's Sports Foundation

Attn: Speaker Service/Lindsay Hock

247 West 30th Street, Suite 7R

New York, New York 10001

BY EMAIL:

LHock@WomensSportsFoundation.org

Subject: Speaker Service

BY FAX:

212.967.2757

Attn: Lindsay Hock