

Speaker Questionnaire

Date:

Contact					
Name:		Position / Title:			
Phone:		Email:			
Name of Group / Organization:					
Address of Group / Organization Event:					
Program Details					
Date of Event:	Time of Event:	Length of Presentation:	mins.	Q&A:	min
Requested Speaker:	Monica Kelsey		Other SHBB Representativ	ve □	
Estimated Number of Attendees:		Age Range of Attendees:			
Speaker honorarium: \$		Travel and lodging included? (Y/N)			
Is the event a fundraiser for SHBB?		What is the budget for the event?			
Please provide details for all items below so that we may confirm schedules and customize the speaking event.					
1. How did you hear about Safe Haven Baby Boxes?					
2. Is there a theme or focus for this event?					
3. Please specify the attire for this event.					
4. Will audiovisual equipment be made available?					
5. Will there be any other speakers or activities at this event? If yes, please explain.					
6. What goal or outcome do you hope to achieve from this presentation?					
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Requests should be submitted no later than 4 weeks prior to date of the event. Please allow 7 business

Email: SHBB@safehavenbabyboxes.com

Thank you for taking the time to complete this questionnaire. Please contact us if you have any further questions.

P.O. Box 185 Woodburn, IN 46797

Safe Haven Baby Boxes

Mail:

days to receive a response.

Email: