**ABDUR RAZZAQ**

**Counseling and Social Architecture, PA**

**Speaker’s Request Form**

**Requestor’s Name:**

**Affiliation:**

**Address:**

**Telephone: Fax:**

**E-mail: Cell phone:**

**Date of Request: Date of Presentation:**

**Specific Timeline for Speaker’s Remarks (Please provide details related to event format – i.e. *opening remarks, panel presentation, Q & A session*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Event (Conference, Summit, Symposium, Annual Meeting, Lecture, Fundraiser, Staff retreat/meeting, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Theme and Detailed Goals:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Length of Presentation: Time :**

**Audience & Size:**

**Meeting Site or Space:**

**Fee/Honorarium:**

**Travel Expenses Covered by inviting organization:**

**Author Book Signing/Vendor Table Availability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please forward the completed form to: admin@razzaqcounseling.com**