



SouthEast Wisconsin Master Gardeners **HONORARIUM**

Name of Organization: _____

Contact Person: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Presentation Location: _____ Date: _____

Subject: _____

SEWMG Speaker: _____

Honorarium Amount: \$ _____

Please send this completed form with honorarium payment to:

SEWMG Speakers Bureau
P.O. Box 26453
Wauwatosa, WI 53226