**Speaker Request Form**

|  |  |
| --- | --- |
| **Contact Name and Organization:**  |  |
| **Email Address(s):** |  |
| **Contact Phone Number:**(Include Cell number for day of) |  |
| **Type of Event:** (Be Specific) |  |
| **When:** (date & time**, include time when talk will begin**) |  |
| **Where:** (Include name of facility address, **parking & parking info**.) |  |
| **Topic:** (include points if important) |  |
| **Time allotted for talk:** (Is Q & A included?) |  |
| **Program Outline:** |  |
| **Other invited speakers:** |  |
| **Who is the audience:**  |  |
| **Available Honorarium:**Re Honorarium: All monies go to CAIR-WA. Checks should be payable to Council on American-Islamic Relations - WA |  |

You may add additional comments:

Thank you! We look forward to serving you.

|  |
| --- |
|  |