



## SPEAKER REQUEST FORM

Date of Request \_\_\_\_\_

### CONTACT INFORMATION

Name of group or organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EVENT INFORMATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location (address): \_\_\_\_\_

Type of event (e.g. panel, training session, workshop, etc.):

About how many people do you expect to attend and who is your intended audience (e.g. members of the LGBT community, staff of your company or organization, youth, etc.)?

Are any other organizations co-sponsoring this event with you? If so, who?

What is the deadline by which you will need us to respond?

### SPEAKER INFORMATION

What topic(s) would you like us to speak about?

How long should the representative be prepared to speak?

Will other organizations or individuals be speaking?      Yes                      No

If so, who?

How did you hear about the Pride Center and why have you asked us specifically to speak?

Anything else we should know in order to consider your request:

The Pride Center of the Capital Region is a non-profit organization that relies primarily on donations. If necessary, would your group/organization be able to compensate us for travel and other expenses?

Yes                      No

Please submit this form to: Curran Saile, Program Director at the Pride Center, 332 Hudson, Albany, NY 12210, f. 518.462.2101 or email [csaile@capitalpridecenter.org](mailto:csaile@capitalpridecenter.org). We will review this information and get back to you by your deadline. Should you have any questions, please call the Pride Center at 518.462.6138. Thank you for inviting us to your event!