



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 CDGLCC and why have you asked us specifically to speak? _____

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

The Capital District Gay & Lesbian Community Council 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: Q Diamond, Program Director at CDGLCC, PO Box 131, Albany, NY 12201, f. 518.462.2101 or email qdiamond@cdglcc.org. We will review this information and get back to you by your deadline. Should you have any questions, please call the CDGLCC at 518.462.6138. Thank you for inviting us to your event!