

OPPORTUNITY PROJECT SPEAKERS' BUREAU
SPEAKER REQUEST FORM

In order to create and deliver the most effective presentation for your organization, we request that our potential clients complete the following questionnaire. When it is completed, please "click" the "SUBMIT" box at the end of the document. Thank you for considering the Opportunity Speakers' Bureau for your upcoming event.

Today's Date:

Name of organization:

Contact Person:

Title:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

Cell:

Email:

Website:

Request for information packet: Yes _____ No _____

Day and time you wish to have the speaker(s) give a presentation?

Day: _____ Time: _____

How long would you like the presentation to be?

- ☐ 30 minutes
- ☐ 45 minutes
- ☐ 60 minutes

TOPICS: (Please choose all that apply)

- ☐ Prevention
- ☐ Brain Injury 101
- ☐ Rehabilitation/Therapy
- ☐ Living life with a brain injury
- ☐ Vocational

How did you learn about the speaker's bureau? (Please choose one)

- ☐ Opportunity Project's website
- ☐ Opportunity Project's newsletter
- ☐ Referred by an Opportunity Project Member
- ☐ Referred by a friend
- ☐ Support Group
- ☐ Search Engine
- ☐ Just surfed in
- ☐ Newspaper
- ☐ Television