

REQUEST FOR SPEAKING ENGAGEMENT
PLEASE FILL OUT ONE FORM PER SEMINAR/WORKSHOP

Return form via mail or fax to: Disability and Communication Access Board, 919 Ala Moana Blvd. #101, Honolulu, HI 96814; ph: 586-8121; fax: 586-8129

Requesting Individual/Organization _____

Address _____

Contact Person _____ Phone No. _____

Topic/Title _____

Date _____ Time _____

Location of speaking engagement _____

Target audience _____ Estimated # _____

Will an honorarium be provided? Yes No IF YES, specify amount _____

Is this a: Solo presentation Co-presentation, list other speakers

Is site accessible? Yes No

Will an interpreter or other accommodation be provided if needed? Yes No

If Neighbor Islands: airline coupons provided by _____

ground transportation provided by _____

Key Points to be Covered in the Presentation

Audiovisual Equipment Needs
(For Office Use Only)

FOR OFFICE USE ONLY:

Staff Assigned to Speak _____

APPROVED:

Supervisor Date Executive Director Date