

Suffolk County Coalition Against Domestic Violence

Speaker's Bureau Request

Organization/Group/School: _____

Address: _____

Contact Person: _____ Phone: _____

Fax: _____ Email: _____

Date of Request: _____ Date(s) Requested for Workshop: _____

Alternate Date(s): _____

Time: _____ Location: _____

Speaker (Choose One): Youth: Grades K-12 College Community/Professional

Approximate Audience Size: _____

Age of Participants: K-2, 3-5, 6-8, 9-12, College, Adults

Type of Audience: Class, After-school group, Community Group/Organization,
Religious Group/Organization, Other _____

Brief Description of Group: _____

Focus of Presentation: Services, General DV, Teen Dating Violence, Elementary
Education Other: _____

Special Accommodations: TV/VCR, Clothesline, Easel / Board,

Honorarium: Yes: _____ Amount: _____ No: _____

Assistance with Photocopying of Handouts? Yes No

Comments:
