



Speaker Request Form

CONTACT INFORMATION

Name of Host Organization: _____

Contact Person: _____ Phone: _____

Address: _____ Fax: _____

_____ E-mail: _____

_____ Web Address: _____

Description of Event: (Please attach separate sheet if necessary)

EVENT INFORMATION

Title of Event _____

Date of event: _____

Time of Presentation: _____

Location of Event (City and State) _____

Your Budget Expectations* _____

***All honoraria support the Foundation's year-round programming and are vital to helping us achieve our mission. Please note that we are willing to work with any budget. Feel free to contact Andres Chavez, Speakers Bureau Coordinator by E-mail at achavez@chavezfoundation.org for more information.**

CESAR CHAVEZ FOUNDATION

29700 Woodford Tehachapi Rd. Keene, CA 93531

PHONE: 661 862 9605 FAX: 661 822 1058

www.chavezfoundation.org achavez@chavezfoundation.org

EVENT INFORMATION CONTINUED

Organizational Sponsors/Affiliates: (Please attach separate sheet if necessary)

_____ Contact: _____

_____ Contact: _____

Benefiting Organizations/Programs: (Please attach separate sheet if necessary)

_____ Contact: _____

_____ Contact: _____

History of event: _____

Description of Audience: _____ Size of Audience: _____

REQUESTED SPEAKER INFORMATION

Topic Requests/Areas of Interest: (Please attach separate sheet if necessary)

Duration of Speech: _____

FOR OFFICIAL USE ONLY

Recommendations: _____

Notes: _____
