



**MISSISSIPPI COALITION
AGAINST DOMESTIC
VIOLENCE**

Together, we have the strength.

SPEAKER REQUEST FORM

Today's Date: _____

Day and Date of Event: _____

Start Time: _____ End Time: _____

Organization Name: _____

Contact Name: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Mailing Address: _____

City/State: _____ Zip: _____

Event Location & Address: _____

Purpose of Event: _____

Expected Attendance No. _____ Expected Speaking Time: _____

Do you plan a question-and answer-period? Yes or No
Type of request: (speaker, panelist, workshop presenter/trainer) _____

Parking and/or specific location details: _____

Additional Comments: _____

Signature of Contact Person: _____

Please provide a request at least 2 weeks notice before the scheduled event. We will try to accommodate requests, but cannot guarantee a speaker. You may send this form to the MCADV via fax at (601)981-2501 or e-mail at keisha.varnell@mcadv.org. We will contact you with a confirmation. Thank you.