

# Hospice Niagara Speaker Request Form

Email Completed Form to: [ndipasquale@hospiceniagara.ca](mailto:ndipasquale@hospiceniagara.ca)

Fax Completed Form to: 905-984-8242, Attention: Nancy Di Pasquale



|   |   |  |           |  |           |
|---|---|--|-----------|--|-----------|
| Name:   |   |  |           |  |           |
| Organization:   |   |  |           |  |           |
| Venue/Address:  |   |  |           |  |           |
| Email & Phone #:  |   |  |           |  |           |
| Date of Presentation (D/M/Y):                           |   | Time of Event:                                       |           | Time of Presentation:                    |           |
|   |   |  |           |  |           |
| Length of Presentation:                                 |   | Place on the Agenda: (i.e. beginning, middle or end) |           |  |           |
|   |   |  |           |  |           |
| Expected Number of Attendees:                           |   | Provisions Provided? (i.e. breakfast, lunch, dinner) |           |  |           |
|   |   |  |           |  |           |
| Interest/Focus for Presentation:                        |   |  |           |  |           |
|   |   |  |           |  |           |
| Please check if the following items are available:      |   |  |           |  |           |
|   | <b>Yes</b>  | <b>No</b>  |           | <b>Yes</b>                               | <b>No</b> |
| Microphone  |   |  | Projector |  |           |
| Computer  |   |  | Screen    |  |           |
| Internet  |   |  |           |  |           |
| What prompted you to request a Hospice Niagara speaker? |   |  |           |  |           |
|   | We are considering providing support to Hospice Niagara |  |           | We are raising money for Hospice Niagara |           |
|   | General interest in the work of Hospice Niagara         |  |           | We have raised money for Hospice Niagara |           |
|   | Information on volunteering at Hospice Niagara          |  |           | Other                                    |           |
| Any other information you wish to add?                  |   |  |           |  |           |
|   |   |  |           |  |           |
|   |   |  |           |  |           |

## For Internal Use Only

|                       |          |
|-----------------------|----------|
| Speaker:              | History: |
| Booked in calendar:   |          |
| Follow up to request: |          |