Cornell Cooperative Extension Putnam County

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SPEAKERS BUREAU REQUEST FORM

	th prior to your requested da		e this form and return it by email at and Program Coordinator, at the du
Select your choice of seminar from our brochure or website. Special requests may be accommodated as we are			
	Please complete a separat	able. e form if you are requesting mor	e than one date
		e form in you are requesting mor	
Topic requested:			
	•	to gain from the presentation so	o that it can be adapted to meet
Are you looking f	or a 'hands-on' component/v	workshop to this presentation? `	Yes/No
Presentation Date: Starting Time: Duration:			
Number expected to attend: Target Audience:			
What is the experience level of the target audience on the chosen topic:			
🗌 No knowledge, 👘 🗌 Some knowledge, 👘 Very knowledgeable			
Name of Your Organization:			
Billing Address:	-		
•			
Daytime Phone: Evening Phone:			
Email: Fax: Fax:			
	dress where the presentation		
	less where the presentation	will take place.	
Phone for above	address:		
Do you have any	of the following for our spea	ker to use?	
🗌 Laptop	LCD Projector	Screen or White Wall	Extension Cord
HDMI cord	VGA cord	WiFi/Internet Access	
Other:			
Cornell Coop	handouts and eva	County will provide presentatio aluations unless otherwise disc 5 (Plus materials if applicable)	
Th	is fee helps us continue our i	nission of community education	•
UNIVA	Discounts for non-profit and public service organizations may be requested. If you have and require a Speaker's Agreement, please attach it to this form.		
	II you nave and require a S	peaker's Agreement, please attac	ii it to this form.
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