

## Speaker/Training Request Form

## Contact Information

|  |  |
| --- | --- |
| Requesting Agency Name |  |
| Agency Address |  |
| City ST ZIP Code |  |
| Contact Name |  |
| Work Phone |  |
| E-Mail Address |  |

## Event Information

|  |  |
| --- | --- |
| Date of the Event |  |
| Starting Time/Ending Time |  |
| Length of Presentation |  |
| Location of the Event |  |
| Purpose of the Event |  |
| Specific Topics to Cover |  |
| Audience Size |  |
| Will there be access to a computer and/or a projector? |  |
| While it is not required to pay for a training/travel expenses, will this be provided? |  |
| Will media be present? |  |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Georgia Cares cannot guarantee that a speaker will be available on the dates that you request.

Please submit this form via email to [admin@gacares.org](mailto:admin@gacares.org) or fax it to (404) 371-1030.