



Speaker Request Form

Name of Event/Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____

Phone: _____ Cell Phone: _____

Email: _____ Best Time to Call: _____

Location of Event (if other than above): _____

Date: _____ Time: _____ Duration: _____

Attendance Expected: _____

Size of Room/Display Space Available: _____

Audio/Visual Equipment Available: _____

Demographic of Audience: _____

Is there a specific aspect of SOKS that the audience is interested in: _____

Does the Company/Organization have a Volunteer Program? _____

Is there any other information that you would like to share? _____

Office Information Only:

Received By: _____ Date: _____

Speaker Details: _____

Please return your speaker request form to Donna Zimmerman
5280 Foxridge Drive, Mission, KS 66202
zimmerd@kssso.org or fax 913.236.9771
913.236.9290 Ext. 112 www.kssso.org