



**SPEAKERS BUREAU REQUEST FORM**  
PLEASE PRINT OR TYPE ALL INFORMATION

**Organization Information:**

Name of Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Brief Description of Organization \_\_\_\_\_  
\_\_\_\_\_

**Contact Information:**

Contact Person \_\_\_\_\_  
Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

**Speaking Engagement Information:**

Requested Topic \_\_\_\_\_  
Event Date \_\_\_\_\_  
Event Time (Begins) \_\_\_\_\_ Event Time (Ends) \_\_\_\_\_  
Time you would like speaker to present \_\_\_\_\_  
Desired Length of Presentation \_\_\_\_\_  
Event Location \_\_\_\_\_  
Event Address \_\_\_\_\_  
Major cross streets of event location \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Contact person's telephone number on day of event \_\_\_\_\_  
Audience Type:  Adults  Seniors  Women  Men  Other \_\_\_\_\_  
Expected number of attendees \_\_\_\_\_

**Fax completed form to:** (313) 966-3160 or

**Mail to:** Katrina McCree  
Community Relations  
DMC Sinai-Grace Hospital  
Detroit, MI 48235

**Email to:** [Kmcree@dmc.org](mailto:Kmcree@dmc.org)

**To confirm your request was received or if you have questions call:** (313) 966-5318

**Speaker's Bureau Use Only:**

Request received by:  Fax  Mail  Email Date received \_\_\_\_\_  
Received from \_\_\_\_\_  
 Request Approved  Request Denied  
Date Request Approved or Denied \_\_\_\_\_