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| **Community Health Endowment (CHE)****SPEAKER REQUEST FORM** |

**Thank you for your invitation! We will do our best to accommodate your request. Let’s start with a few details...**

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| **Event Name:**      |
| **Event Address:**       |
| **Approximate Number in Attendance:**       |
| **Approximate Length of Presentation (without Q/A):**       |
| **Approximate Length of Q/A:**       |

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| **Event Date and Time:** List up to three possible dates & times inpreferred order. |
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| **PRESENTATION TOPIC:** |
| [ ]  Place Matters/Mapping |
| [ ]  General Information and History of CHE |
| [ ]  Both |
| [ ]  Other (please specify):       |

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| **AUDIO VISUAL & TECHNOLOGY:** |
| A CHE presentation requires the capacity for a PowerPoint presentation (which the presenter will bring on a flash drive). Please indicate what equipment will be on-site and ready for the presenter: |
| [ ]  Computer [ ]  Projector [ ]  Screen/Wall [ ]  TV w/ HDMI cable [ ]  Other       |
| Does the location have a microphone? [ ]  Lapel (preferred) [ ]  Handheld [ ]  Lectern [ ]  Not Needed |

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| **PARKING:**  |
| Where should the presenter park?       |
| If a parking permit is needed, please email it to Jodi.loos@chelincoln.org. |

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| **OTHER DETAILS**: Please provide us with any other important details!       |

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| **EVENT CONTACT INFORMATION:** |
| Organization:       |
| Primary Contact:       Email:       |
| Direct Telephone:       Cell Telephone:       |

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| Once complete, submit this request by email to Morgan.Hermanek@chelincoln.org. Submission of this form is not a confirmation. A response from CHE will be sent by email within 2 business days following receipt of your request. If you have not received a confirmation, please contact CHE at 402-436-5516.  |