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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](mailto: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. |