HOPE
Against Trafficking

EVENT REQUEST

NAME OF ORGANIZATION: _____ REQUEST DATE: _____

EVENT DATE: _____ ALTERNATIVE DATES: _____ _____
☐ FUNDRAISER ☐ EDUCATION & AWARENESS ☐ OTHER: _____
TYPE OF FUNDRAISER (I.E. 5K run, employer match): _____
SPEAKER PRESENTATION: ☐ YES ☐ NO INFORMATION TABLE: ☐ YES ☐ NO
START & END TIME: _____ EARLIEST SET UP TIME: _____ LENGTH OF PRESENTATON: _____

ORGANIZATION STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
ORGANIZATION WEBSITE: _____
TYPE OF ORGANIZATION (religious, non-profit, business, school, club, etc.): _____
CONTACT NAME: _____ TITLE: _____
PHONE #: _____ EMAIL: _____

MEETING PLACE: _____ ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ MAJOR CROSS STREETS: _____

AUDIENCE: ☐ ADULTS AND/OR ☐ YOUTH (must be 12 years or older) YOUTH AGES: _____
ANTICIPATED AUDIENCE SIZE: ADULTS _____ YOUTH _____

EQUIPMENT AVAILABLE FOR PRESENTATION: ☐ TV ☐ DVD PLAYER ☐ COMPUTER ☐ PROJECTOR
☐ MICROPHONE ☐ SCREEN ☐ 6' TABLE ☐ 8' TABLE

☐ APPROVAL FOR HOPE AGAINST TRAFFICKING TO SET UP AN INFORMATION TABLE *(please provide a 6' or 8' table)*
☐ APPROVAL TO POST LOGO, FLYER AND WEBSITE LINK ON WEBSITE AND SOCIAL MEDIA *(Send logo to Alta's email below)*
☐ EMAIL SPEAKER BIO PRIOR TO EVENT
☐ EMAIL POWERPOINT PRESENTATION PRIOR TO EVENT

OTHER INFORMATION (specific goals, agendas, items you would like us to cover, etc.):

TO BE COMPLETED HOPE AGAINST TRAFFICKING

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EVENT DATE: _____ SCHEDULED SPEAKER(S): _____ CELL #: _____
SPEAKER(S) EMAIL: _____
ADDITIONAL INFORMATION:

ANY QUESTIONS PLEASE CONTACT ALTA WALKER: alta@hopeagainsttrafficking.org or 248-961-2572

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