



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 PRESENTATION: _____

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 email below)*

APPROVAL TO SELL HOPE AGAINST TRAFFICKING TSHIRTS AND MERCHANDISE

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

EVENT DATE: _____ SCHEDULED SPEAKER(S): _____ CELL #: _____

SPEAKER(S) EMAIL: _____

ADDITIONAL INFORMATION:

ANY QUESTIONS PLEASE CONTACT DIANE COWGILL: diane@hopeagainsttrafficking.org or 614-327-9410