



EVENT REQUEST

ORGANIZATION NAME: _____ 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 TIMES: _____ 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: _____ ADD TO HOPE MAILING

PHONE #: _____ EMAIL: _____

MEETING PLACE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ MAJOR CROSS STREETS: _____

AUDIENCE: ADULTS AND/OR YOUTH (must be at least 12 years old) 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 SELL HOPE AGAINST TRAFFICKING T-SHIRTS AND MERCHANDISE *(please provide a 6' or 8' table)*

APPROVAL TO POST LOGO, FLYER & WEBSITE LINK ON HOPE WEBSITE/SOCIAL MEDIA *(Email logo to Hello@HopeAgainstTrafficking.org)*

EMAIL SPEAKER BIO PRIOR TO EVENT

EMAIL POWERPOINT PRESENTATION PRIOR TO EVENT

OTHER INFORMATION (specific goals, agendas, other scheduled speaker names, topics you would like us to discuss, etc.):

ANY QUESTIONS PLEASE CONTACT: Hello@HopeAgainstTrafficking.org or 248.499.8416

TO BE COMPLETED BY HOPE AGAINST TRAFFICKING

EVENT DATE: _____ SCHEDULED SPEAKER(S): _____

SPEAKER(S) CELL: _____ EMAIL: _____

ADDITIONAL INFORMATION: