Request for Komen Guest Speaker

EVENT:_____

DATE & TIME:_____

ADDRESS:_____

CONTACT:_____

PHONE:_____ **CONTACT'S CELL:**_____

EMAIL:_____

Komen speaker requested? Yes/No If so, Breast Cancer Survivor requested as the speaker? Yes/No

If yes, what is the allotted time? _____

Komen Literature/Materials requested? Yes/No

Table provided? Yes/No

Tablecloth provided? Yes/No

Komen Giveaways requested (if available)? Yes/No

Audio/Visual available? Yes/No

How many people will be attending (approximately)? _____

Audience (circle): Women Men Families Children

Specific audience (circle if applicable): African American Younger Audience Older Audience

Spanish Vietnamese

Will the Event be? Indoors/Outdoors If outdoors, tent provided? Yes/No