

Speaking Engagement/Request

Today's Date: _____

Name, Title: _____

Organization: _____

Are you a Grantee of TCE? Yes No

Contact Info: _____

Referred by: _____

Title of Event: _____

Permission to post to website

Date/s of Event: _____

Location of Event: _____

Audience: _____

Description of Event:

Speaking date: _____ Time: _____ Duration: _____

Keynote Speaker/ Panelist Moderator Interview Other:
Speaker Presenter

Invitation specifically for Dr. Iton OR any appropriate TCE representative

Topic:

Reimbursements: Travel Hotel Meals Honorarium (\$2,500) (donated to charity)

FOR OFFICE USE ONLY	Date: _____	AVAILABLE date notified: _____ spoke/emailed: _____	NOT AVAILABLE date notified: _____ spoke/emailed: _____	Speaker Form received Respond to Organizer Calendar event date Create folder Edit Excel Spreadsheet Edit Slides due date Calendar Slide due date Sent Bio Sent Photo Sent W9 Additional Docs: _____ _____ _____ Sent Slides Sent Invoice Received Payment
	NOTES:			