



DENISE STOKES, INC.

SPEAKER REQUEST FORM

Please print and complete this form. Fax it to 770-506-4123.
Your request will be processed immediately.

DATE OF EVENT _____ TIME OF EVENT _____

TITLE OF EVENT _____

LOCATION _____
(CITY STATE, HOTEL ETC)

NAME OF SPONSORING ORGANIZATION _____

TYPE OF ORGANIZATION _____

CONTACT NAME & TITLE _____

PHONE & EMAIL _____

PARTNERING ORGANIZATION _____

GOALS OF EVENT _____

HOW WOULD YOU LIKE MS. STOKES TO PARTICIPATE?

- | | |
|---|---|
| <input type="checkbox"/> KEYNOTE SPEAKER | <input type="checkbox"/> WORKSHOP PARTICIPANT |
| <input type="checkbox"/> SPEAKER | <input type="checkbox"/> MEDIA INTERVIEW |
| <input type="checkbox"/> PANELIST | <input type="checkbox"/> TALK SHOW, NEWS, DOCUMENTARY |
| <input type="checkbox"/> WORKSHOP FACILITATOR | <input type="checkbox"/> SPOKEN WORD PERFORMANCE |

ADDITIONAL INFO _____

“EDUCATING TODAY FOR A HEALTHY TOMORROW”