

OCSCO SPEAKER REQUEST FORM

In order to better assist you with your upcoming speaker needs, please complete the following form:

Contact Person's Name _____ Tel. # _____

Fax # _____ Organization _____

Contact Person's Position at Organization _____

Address of Organization _____

Phone # _____ E-mail: _____

Organization web site _____

Event date _____ Event location _____ Event time _____

Event Address _____

Type of event _____

Theme or Topic of talk _____

Audience details (gender, age group, number expected, language) _____

Length of required talk _____ Question period? Yes ___ No ___

Honorarium offered? Yes ___ No ___ If yes, amount? _____

If the speaker required transportation, could you provide it? _____

Where did you hear about our Speakers' Bureau? _____

Could you send us background information about your group? Yes ___ No ___

Additional comments _____

Please return this form to:

**OCSCO, 660 Briar Hill Ave., Suite 207, Toronto, ON M6B 4B7 Tel: 416-785-8570,
1-800-265-0779, Fax: 416-785-7361, E-mail: OCSCO@web.net**