

Date	of the	Event		

SPEAKER REQUEST FORM PLEASE SUBMIT REQUESTS AT LEAST TWO WEEKS IN ADVANCE

Event Information

Event Time:	(NLRM Presentation) Start Time:			
NLRM Presentation Length:				
Event Name:				
Organization Hosting the Event:				
Organization's website:				
Event Location (Please provide the venue address):				
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Contact Information

Brief Description of the Event:

Name:

Title or Position: Email Address: Cell Phone:

How did you hear about New Life Refuge Ministries?

- Website
- o Facebook
- o Twitter
- o Instagram
- o Youtube/Online Video
- Other Event
- Someone Mentioned You
- o Other:

PO Box 9157 | Corpus Christi, TX 78469 | Phone: 361-946-6331 | Fax: 361-888-8895



What would you like our presentation to focus on in particular? (check all that apply)

- o Our organization
- o Overview in general
- Introduction to child sex trafficking
- Mental healthcare

Number of Attendees:

Is this event open to the public?

Audience Demographic (age, gender):

What is the depth of knowledge of the audience with regards to human trafficking?

- Not Familiar
- o Familiar
- Very Familiar

Audio/Visual Questions

Will you have the following equipment available: (check all that apply)

- Microphone
- o Windows Laptop (Presentation not compatible with Apple.)
- o Projector and Screen for Powerpoint
- Speakers for video sound

Will Powerpoint be controlled by the speaker at the front of the room or a tech person in the back?

- o Speaker
- Venue Tech
- o Either your choice

How are you planning to further engage human trafficking issues?

- Fundraising
- Advocacy
- o Education
- o Other:

Merchandise Question

Will you have a space and table available for merchandise?

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