



Speaker/Consultation Presentation Request Form Volunteer Fairfax

Today's Date: _____

Contact Information

Contact Person: _____ Organization: _____

Email: _____ Phone: _____

Presentation Information

Date & Time: _____ Length of Presentation: _____

Location: _____

Topic of Presentation: _____

Presentation Type (panel, lecture, workshop, etc.): _____

Resources Available: Projector Screen Laptop/Computer Other: _____

Special Instructions: _____

Other Speakers (invited/confirmed): _____

Participant Information

Estimated Number of Participants: _____

Description of the Participants (age range, interest, training level, etc.): _____

Relationship of participants to organization (employees, members, students, etc.): _____

Administrative Information

How did you hear about Volunteer Fairfax?: _____

Complete one form for each event, completed forms can be faxed to 703-246-4662
or emailed to ssanow@volunteerfairfax.org.