

Stop Stigma Sacramento

Speakers Bureau

SPEAKER REQUEST FORM

Thank you for requesting a speaker through the Stop Stigma Sacramento Speakers Bureau. Requests are filled on a first come, first served basis and by speaker availability. Depending upon speaker availability, requests for presentations may require additional time to accommodate. Submitting a request **two weeks or more in advance** will greatly improve our ability to fill your request.

PLEASE NOTE: We are able to accommodate requests in Sacramento County only

REQUESTOR INFORMATION

NAME:		TODAY'S DATE:	
COMPANY OR ORGANIZATION:			
ADDRESS:			
TELEPHONE: () -	EMAIL:	FAX: () -	
How did you hear about the Speakers Bureau?			

EVENT INFORMATION

Event Date:			
Speaker Requested:	FROM <input type="checkbox"/> AM <input type="checkbox"/> PM	TO <input type="checkbox"/> AM <input type="checkbox"/> PM	Presentation Length: Minutes
Event Address:		City:	Zip:
Event Contact Name:		Telephone: () -	
Number of anticipated attendees:	NOTE: A minimum of 12 attendees is preferred.		
Please describe your anticipated event attendees:			
<input type="checkbox"/> Community-Based Org. Reps	<input type="checkbox"/> Health Professionals	<input type="checkbox"/> Students: Ages _____	
<input type="checkbox"/> Faith-Based Group	<input type="checkbox"/> Parents	<input type="checkbox"/> Specific cultural group: _____	
<input type="checkbox"/> General Public	<input type="checkbox"/> Seniors	<input type="checkbox"/> Other _____	
Speakers use a lecture format and may not be appropriate for resource fair settings. Please contact us with questions.			
Please indicate which subject area(s) you would like the speaker to address (check all that apply):			
<input type="checkbox"/> Stories of hope and wellness	<input type="checkbox"/> Family stories (challenges, hope, recovery)		
<input type="checkbox"/> Overcoming stigma	<input type="checkbox"/> Advocating for change		
<input type="checkbox"/> Cultural and ethnic perspectives	<input type="checkbox"/> Navigating the health system		
<input type="checkbox"/> Getting help for a loved one	<input type="checkbox"/> Overcoming challenges		
<input type="checkbox"/> Services and supports	<input type="checkbox"/> Other _____		
If you need a presentation in a language other than English, please indicate <input type="checkbox"/> Language _____			

Additional Information

Please tell us a little bit about the reasons why you are requesting a speaker, what you hope to gain, and any special areas you would like the speaker to address:

By submitting this application, the host organization or requestor agrees to:

- Promote the event to the local community (as possible).
- Make the event free and open to the general public (unless policy, security or confidentiality prohibits).
- If including the project logo or tagline on promotional materials for the event, please allow project staff an opportunity to review before releasing.
- Promptly notify the Stop Stigma Sacramento Speakers Bureau of scheduling or location changes.

I agree to the above

Submit Request Via Email:

1. Save the completed request form to your device.
2. **Reattach the completed form to an email and send to info@stopstigmasacramento.org**

Scanned copies may also be emailed to info@stopstigmasacramento.org

You will receive an email or telephone call within 5 business days of receiving your request, confirming or declining your request. For assistance, or for questions about your request, email info@stopstigmasacramento.org.

On behalf of Stop Stigma Sacramento and the Sacramento County Division of Behavioral Health Services, thank you for helping stop stigma and discrimination by requesting a speaker for your event.