



Speaker Request Form

Kelly's Dream has a dedicated team of volunteers who are able to raise awareness about Melanoma, and help our mission - to ease the financial and emotional strain of cancer for families in Maryland.

To request a speaker, please complete and submit this form to Kelly's Dream; PO Box 36; Perry Hall, MD 21128, or email your request to Kelly@kellysdream.org. Please submit your request at least **4 weeks in advance**. You may mail your request to Kelly's Dream; PO Box 36; Perry Hall, MD 21128 or email your request to Kelly@kellysdream.org. We will review your request and a representative from Kelly's Dream will contact you regarding our availability.

Since Kelly's Dream is funded entirely with donations, we ask that organizations consider making a tax deductible donation of \$250 to help offset administrative and travel expenses. While a donation is not required, nor does it guarantee a speaker will be available, it will help ensure that Kelly's Dream can continue their outreach programs.

Event Overview

Event Title: _____ Event Date: ____ / ____ / ____

Name of person submitting request: _____

Name of organization hosting the event: _____

Location of Event (Name of Company / Building, Address, City, State, Zip):

Event start time: _____ am / pm Event End Time: _____ am / pm

Requested arrival time: _____ am / pm event end time: _____ am / pm

Is the event ____ indoor or ____ outdoor?

What is the purpose of the event? _____

Audiovisual Capabilities: ____ Yes ____ No

Contact Person

Name: _____

Office Number: _____ Cell Number: _____

Email Address: _____

Presentation Details

Type of Presentation: ____ Keynote Speaker ____ Panel Discussion ____ Other

Number of presentations: ____ Length of time per presentation: _____ minutes

Audience: ____ Students (____ Grade) ____ Educators ____ General Public

Approximate number of attendees: _____