

SPEAKER REQUEST FORM

Thank you for your interest in having Cheryl Donald, MA, MBA, LMFT speak at your event. Please submit this completed form via email to: info@BrooklynMFT.com. We will respond with availability and honorarium rates within 24 hours. Please call (646) 801-4195 with any questions about this form.

Name of Requestor: _____

Telephone Number: (_____) _____

Email Address: _____

Event Sponsor: _____

Organizational Type (check one):

- Private/For Profit
- Not-For Profit/501c3
- Government
- Faith Based Organization
- Other: _____

Event Date & Time: _____

Type of Speaking Engagement (check one):

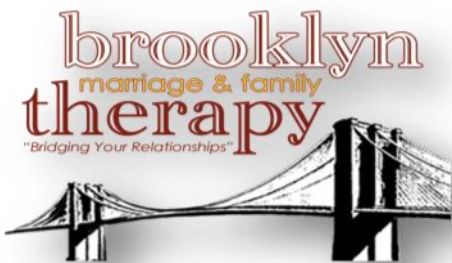
- General Presentation
- Moderator
- Other: _____
- Panel
- Keynote/Plenary

Workshop

Title or Theme of Event: _____

Requested Topic of Presentation: _____

Requested Length of Presentation (minutes): _____



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Audience Size & Type of Attendees (students, clinicians, community members, couples, etc.): _____

Event Location: Facility Name _____

Address _____ City _____ State _____ Zip _____

Will Audio Video Equipment be available onsite (i.e. laptop, projector, screen, PowerPoint software)?

Yes

Please describe: _____

No

Cheryl Donald, LMFT is based in Brooklyn, New York; is the Event Sponsor able to accommodate travel and lodging needs?

Yes

No

Please provide any additional information you would like to share regarding this speaker request:

Brooklyn Marriage & Family Therapy, PLLC * PO Box 210362, Brooklyn, NY 11221

(646) 801-4195 * www.BrooklynMFT.com