

SPEAKER REQUEST FORM
ROANOKE MASTER GARDENER ASSOCIATION

CONTACT INFORMATION:

Name: Click or tap here to enter text.	Phone: Click or tap here to enter text.
Organization: Click or tap here to enter text.	Email: Click or tap here to enter text.

EVENT INFORMATION:

Program Date & Time: Click or tap to enter a date.	Estimated Attendance: Click or tap here to enter text.
Location: Click or tap here to enter text.	Program Length: Click or tap here to enter text.
Topic(s) Requested: Click or tap here to enter text.	

PROGRAM TYPE:

☐ Speaker ☐ Workshop ☐ Demonstration ☐ Consultation

AUDIENCE TYPE:

☐ Adults ☐ Youth ☐ Mixed ☐ Master Gardeners

VISUALS NEEDED:

☐ Slides ☐ Video ☐ Printouts ☐ Display Board ☐ Unknown ☐ **Other:** Click or tap here to enter text.

EQUIPMENT AVAILABLE:

☐ Wi-Fi ☐ Screen ☐ Microphone ☐ Projector ☐ None

EQUIPMENT PROVIDED BY:

☐ Host ☐ VCE/EMG ☐ Unknown ☐ N/A

PUBLICATIONS/HANDOUTS REQUESTED: Click or tap here to enter text.

INTERNAL USE ONLY (VCE/RMGA)



Date Received: Click or tap to enter a date.	Received By: Click or tap here to enter text.	ID#: Click or tap here to enter text.	Forwarded To: Click or tap here to enter text.	
STATUS:	☐ Approved	☐ Provisional	☐ Agent Led	☐ Declined