

#WhatDoYouExpect PRESENTATION REQUEST FORM

ORGANISATION INFORMATION

Date of request (today's date)

Contact

Position title

Organisation

Address

State

Postcode

Phone

Email

PRESENTATION DETAILS

Date of presentation

Venue

Venue address

Time of presentation

Time allocated

Age of participants

Group size

Other speakers

Type of presentation (*#WDYE workshop, speech, stall, interview, panel*)

Are there any current issues within your organisation?

What do you hope to achieve from the #WDYE presentation?

Q&A/Audience interaction? Yes

No

If yes, time length

AUDIO-VISUAL SPECIFICATIONS and REQUIREMENTS (*#WDYE must be able to operate own slide presentation and to be able to view slides*)

- Lap top

- Data projector & screen

- Lapel or hand held microphone

- One large or two small display tables for book sales

COMMENTS or ADDITIONAL INFORMATION (optional):

Thank you for your request. Please return form via email to: admin@stopsexualviolence.com

We will contact you within 14 days regarding confirmation and a quote.

RESET

PRINT