



Speaker Request Form

African American Health Coalition

Please e-mail or F=fax the completed form to secretary@afahc.org/713-745-1391

Requestor: _____ Organization: _____

Address: _____

Phone: (W) _____ (C) _____ (e-mail) _____

Alternate Contact: _____ Phone: _____

Service Requested: _____ Speaker _____ Health Fair

Describe Program: _____

Requested Date & Time: _____

Audience _____ Professional lay _____ Lay Adult Students: Level: Elementary, Middle, High School, College

Estimated Number in Audience: _____ Ethnic Group _____

Location of Engagement: _____

Brief Directions: _____

Educational Material Requested: Yes _____ No _____ Specify Type: _____

How did you hear about the AfAHC?

- Flyer/Brochure Media Web-site
- Friend/Relative Co-worker Other (specify) _____

Confirmation of Representative

Representative Assigned: _____

Address: _____

Work Phone: _____ Contact made: Yes _____ No _____

Confirmation Sent to Representative _____ Confirmation Sent to Organization: _____

Person Taking Request: _____ Date of Request: _____