



_____ Date of Request
 _____ Date to Volunteer Committee Chair
 _____ Date to Speaker Bureau Committee Chair

At Good Samaritan Medical Center
 1309 N. Flagler Drive, 5th Floor
 West Palm Beach, FL 33401

Speakers' Bureau Engagement

“EVENT” NAME: _____

“EVENT” DAY & DATE: _____

MEETING TIME: (from/to): _____ SPEAKING TIME: (from/to): _____

ORGANIZATION/GROUP NAME: _____

CONTACT PERSON: _____

(Name, Position and Phone) _____

Mailing address: _____

City, State, Zip: _____

Email: _____

Expected attendance: _____ Age range & Cultural description: _____

(There is a 10 person minimum guarantee, for a speaker request)

Every presentation will include the History, Mission and Structure of Susan. G. Komen for Cure.

Please check below any additional topics that you would like the speaker to focus on:

____ Fundraising ____ Grants ____ Breast Health ____ Survivor Experience ____ Race for the Cure
 ____ Volunteer Opportunities ____ Men's Breast Cancer ____ Other _____

LOCATION OF EVENT: (address, room number, physical directions if necessary)

Audio/Visual Equipment Available: _____

SPECIAL INSTRUCTIONS (if needed): _____

