

North Perth Community Hospice Speaker Request Form

Email completed form to: admin@northperthcommunityhospice.com

Name:					
Organization:					
Venue/Address:					
Email and Phone No:					
Date of Presentation (D/M/Y)			Time of Event:		Presentation Time:
Expectation of Length of Presentation			Expected Number of Attendees		
Interest/ Focus for Presentation:					
Please check if the following items can be made available:					
	YES	NO		YES	NO
Microphone			Projector		
Computer			Screen		
Internet					
Please tell us what prompted you to request a speaker from North Perth Community Hospice?					
Any other information you wish to add?					

For Internal Use Only

Speaker:	Notes:
Booked:	
Follow up requested:	