



WRJ NORTHEAST DISTRICT SPEAKERS BUREAU REQUEST FORM

SISTERHOOD _____
CITY, STATE, ZIP _____
YOUR NAME _____
YOUR POSITION _____
EMAIL ADDRESS _____
BEST PHONE TO CALL _____
SISTERHOOD PRESIDENT (IF NOT YOU) _____

CHECK ALL AREAS THAT APPLY TO THIS REQUEST

DATE AND TIME OF REQUEST _____

<input type="checkbox"/> GENERAL SISTERHOOD MEETING	<input type="checkbox"/> SISTERHOOD SHABBAT & SERMON
<input type="checkbox"/> INSTALLATION SERVICE	<input type="checkbox"/> OPENING MEETING OF THE YEAR
<input type="checkbox"/> DONOR MEETING	<input type="checkbox"/> BOARD MEETING
<input type="checkbox"/> SPECIAL INTEREST MEETING (ex. YES FUND)	<input type="checkbox"/> OTHER

(IF OTHER, PLEASE EXPLAIN) _____

What specific issues would you want your speaker to address?

What is the theme of your program?

Please provide any additional information about your sisterhood that will be helpful for your speaker.

Please mail completed form to:
BARBARA PRINS
439 LAKEVIEW AVENUE
ROCKVILLE CENTRE, NY 11570
OR email bep439@optonline.net