



SPEAKERS BUREAU – REQUEST FORM

Sisterhood or group name / Congregation _____

Street address _____

City _____ State or province _____ Zip _____

Your name _____ Your email address _____

Your phone number(s) _____

Best time to call _____

Your position _____

President (if not you) _____

Date and time of the event _____

CHECK ALL AREAS THAT APPLY TO THIS REQUEST

- | | |
|--|---|
| <input type="checkbox"/> General sisterhood meeting | <input type="checkbox"/> Installation service |
| <input type="checkbox"/> Opening meeting of the year | <input type="checkbox"/> Board meeting |
| <input type="checkbox"/> Special interest meeting (e.g., YES Fund Event) | <input type="checkbox"/> Donor meeting |
| <input type="checkbox"/> Sisterhood Shabbat and/or sermon | <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 may be helpful to your speaker.

**Please mail completed form to: Patti Nacht
187 Loines Avenue
Merrick, NY 11566**

or it email to: prn512@aol.com