

**S P E A K E R R E Q U E S T F O R M**

**Complete and FAX to: (770) 587-0862**

*Speaking/Training Department: P.O. Box 70906 • Marietta, GA 30007-0906  
770.518.0369 • FAX: 770.587.0862 • info@rsublishing.com • www.rsublishing.com*

**PLEASE PRINT**

Requested Date(s): \_\_\_\_\_ Alternate Date(s): \_\_\_\_\_

Presentation Time (Begin/End): \_\_\_\_\_ Referred by: \_\_\_\_\_

- Check all that apply:
- Keynote (Opening, Closing, Luncheon, Dinner)
  - Parent Presentation
  - Student Presentation
  - Inspirational/Motivational

- Focus:
- Student Achievement
  - Parenting Strategies
  - School Improvement
  - Leadership
  - Cultural Diversity
  - Special Area of Focus \_\_\_\_\_
  - Closing the Achievement Gap
  - At-risk
  - Developing Teams
  - Instructional Strategies
  - Working in Migrant/High Poverty Schools

Audience: \_\_\_\_\_ Estimated # of Attendees: \_\_\_\_\_

Location: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Will the display and sale of educational materials be permitted?  Yes  No

Address to ship materials: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization assuming financial responsibility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_