

Speakers Bureau Application



Contact Information

Name of Sisterhood	
Contact Person	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
Date of Request	

Important Information

Date District Visit is Desired _____

Size of Board _____

Time of Meeting _____

Place _____

Type of District Personnel Requested

Individual speaker for:

- Leadership
- Speaker at General Meeting
- Installation of Officers
- Sisterhood Shabbat
- Other

Please Specify if "Other"

So that we may provide you with the best speaker possible for your purposes, please provide us with a description of your event if you marked "Other" above.