



WRJ NORTHEAST DISTRICT SPEAKERS BUREAU REQUEST FORM

Sisterhood Name / Congregation _____

Sisterhood Street Address _____

Sisterhood City _____ State/Province/Zip _____

Your Name _____ Your email address _____

Your phone number(s) _____

Best time to call _____

Your Position _____

Sisterhood 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:

Michelle Rosen
160 Lake Ridge Road
Southbury CT 06488
msr2511@yahoo.com

or it email to: