



## WRJ NORTHEAST DISTRICT 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?

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What is the theme of your program?

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Please provide any additional information about your sisterhood that may be helpful to your speaker.

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**Please mail completed form to:**

**Cheryl Greenfield  
33 Stimson Ave  
Providence, RI 02906**

**or it email to:**

[cherig23@gmail.com](mailto:cherig23@gmail.com)