



SCAN Speakers Bureau REQUEST FORM

Organization _____

Contact Name _____

Contact phone number _____ Contact email _____

Venue address _____

Is public parking available? _____

Event date _____ Event time _____

Alternate date _____ Alternate time _____

Number attending _____ Duration for presentation _____

AV Equipment available (circle all that apply):

computer projector tv dvd player screen

Purpose of presentation (circle all that apply):

introduction to SCAN need for child abuse prevention in NOVA
parenting styles unique NOVA parenting challenges
community responsibility funding SCAN's work

Desired outcome from presentation (circle all that apply):

informed participants volunteer opportunity establish a corporate match
event sponsorship ongoing relationship board/advisory membership
further training provide resources for staff