

Community Health Endowment (CHE) SPEAKER REQUEST FORM

Please download to fill out and email to kyra.nilson@chelincoln.org

Thank you for your invitation! We will do our best to accommodate your request. Let's start with a few details...

Event Name: _____

Event Address: _____

Approximate Number in Attendance: _____

Approximate Length of Presentation (without Q/A): _____

Approximate Length of Q/A: _____

Event Date and Time: List up to three possible dates & times in preferred order.

PRESENTATION TOPIC:

- Place Matters/Mapping
- General Information and History of CHE
- Both
- Other (please specify): _____

AUDIO VISUAL & TECHNOLOGY:

A CHE presentation requires the capacity for a PowerPoint presentation (which the presenter will bring on a flash drive). CHE does not provide a laptop or screen. Please indicate what equipment will be on-site and ready for the presenter:

- Computer
- Projector
- Screen/Wall
- TV w/ HDMI cable
- Other _____

Does the location have a microphone? Lapel (preferred) Handheld Lectern Not Needed

PARKING:

Where should the presenter park? _____

If a parking permit is needed, please email it to kyra.nilson@chelincoln.org.

OTHER DETAILS: Please provide us with any other important details! _____

EVENT CONTACT INFORMATION:

Organization: _____

Primary Contact: _____ Email: _____

Direct Telephone: _____ Cell Telephone: _____

Once complete, submit this request by email to kyra.nilson@chelincoln.org. Submission of this form is not a confirmation. A response from CHE will be sent by email within 3 business days following receipt of your request. If you have not received a confirmation, please contact CHE at 402-436-5516.