

## HOST ORGANIZATION CONTACT INFORMATION

Name of Host Organization:

Description of Host Organization:

Host Web Site:

Host Contact Name:

Host Contact Address:

Host Contact E-mail:

Host Contact Phone:

## PRESENTATION INFORMATION

### TYPE OF ORGANIZATION

Please specify:

### TOPIC OF PRESENTATION

Please specify:

### PRESENTATION DETAILS

Panel Discussion

Keynote Address

Break-out Session

Plenary

*Other, please specify:*

### AUDIENCE AND KEY PARTICIPANTS

Name your audience  
and key participants:

10-50 People

51-100 People

101-150 People

151-200 People

201-1000 People

1000+ People

## LOGISTICAL INFORMATION

Event Title:

Event Time:

Event Date:

Event Location:

Name of Requested  
Special Olympics Speaker:

**Mary Davis**  
Special Olympics CEO

**Timothy Shriver**  
Special Olympics Chairman

**International  
Global Messenger**

*Other, please specify:*

Length of Presentation:

Name of Additional Speaker:

Objective for the Event/Conference:

Agenda for the Event/Conference:

Will you cover the speaker fee or honorarium?      Yes      No

Please fill out and send this form to [speakers@specialolympics.org](mailto:speakers@specialolympics.org)