



HOST ORGANIZATION CONTACT INFORMATION

Name of Host Organization:

Host Web Address:

Host Contact Name:

Host Contact E-mail:

Host Contact Phone:

PRESENTATION INFORMATION

Topic of Presentation:

Length of Presentation:

PRESENTATION DETAILS

Panel Discussion

Keynote Address

Break-out Session

Plenary

Other, please specify:

AUDIENCE AND KEY PARTICIPANTS

Name your audience
and key participants:

Approximate number of participants:

LOGISTICAL INFORMATION

Event Title:

Event Time:

Event Date:

Event Location/Address:

Name of Requested Special
Olympics Athlete Speaker:

Suggested Attire:

Will transportation be provided?

Agenda for the Event/Conference:

Additional Comments: