



SPEAKER REQUEST FORM

If you would like to be considered as a speaker for future Chamber events, please complete the following information:

1. **Speaker name:** _____ **Title:** _____
Company: _____
Web site address: _____
Phone number: _____ **E-mail:** _____
2. **Speaker's background:** _____
3. **Qualifications and experience:** _____
4. **Summary of previous speaking engagements: (weblink or handouts for at least one of previous three)** _____

5. **Presentation References: (Please include contact names & phone numbers.)** _____

6. **Topic(s) of presentation (including definition of audience and benefits for audience):** _____

7. **Presentation length (circle all that apply):**
< 15 minutes 15-45 minutes 45-60 minutes 1-2 hours Half a day Full day
Time of Day: _____ Morning _____ Afternoon _____ Evening
8. **Are you a Sarasota Chamber of Commerce member?** Yes No
9. **My topic addresses the needs for vital information in the following categories:(check all that apply)**
 Starting a Business Management Financing Insurance Benefits
 Marketing & Advertising Government Contracting E-Commerce Tax Accounting
 Franchising International Trade Legal Compliance Issues
 Federal & State Resources Small Business Retirement Planning
 Risk Management & Cybersecurity Other _____
10. **I am interest in speaking to any or all of the audiences below (check all that apply):**
 Chamber members Community Groups School audiences
 Other (please indicate) _____
11. **Audio/Visual Needs**
 LCD Computer Flipchart Easel
12. **Promotional Material (included):** Yes No

Please return to:

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