



REQUEST FOR PRESENTATION QUESTIONNAIRE

Please complete and return to:
Prescriptions for Life
P.O. Box 941, Chewelah, WA 99109
E-mail: Info@Rx4LifeChewelah.org

School/Organization/Company Name: _____

Contact Person: _____

Phone: _____ E-mail: _____

Date(s) of requested presentation: _____

What time would you like the presentation to begin? _____ Length of presentation(s): _____

Location of presentation (School/Hotel/Convention center): _____

Street Address of venue: _____ Phone # _____

Suggested speaker attire: Casual Business Casual Suit

Total number expected to attend: _____ Approximate ages: _____

How will the meeting room be arranged?

____ Theater Style ____ Classroom Style (Chairs with rows of tables) ____ Banquet Style (Round Tables)

____ Other _____

General Description of Attendees: _____

Will administrators/teachers/guests be present? YES / NO If Yes, approx. how many? _____

What is the theme of your meeting? _____

What type of meeting is this? _____

What do you perceive as the greatest "need" for this audience? _____

What would you describe as the greatest "fear" for this audience? _____

What are some of the specific goals (mission statement) of your organization? _____

Other information (Please provide any additional information on your organization that may be helpful to the speaker(s) in personalizing the presentation.) _____

Fee Schedule:

Staff, Student or Community Presentation (0.5 – 4 hours)	\$800
Staff, Student or Community Presentation (4+ hours)	\$1,600
Large Assembly venue	\$2,200
May we request donations to the Prescriptions for Life cause?	YES NO
Round trip mileage from Chewelah, WA @ \$0.55/mile:	_____

Please make checks out to **Prescriptions for Life** and enclose with request form.

Thank you!