

S P E A K E R R E Q U E S T F O R M

Complete and FAX to: (770) 587-0862

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PLEASE PRINT

Requested Date(s): _____ Alternate Date(s): _____

Presentation Time (Begin/End): _____ Referred by: _____

- Check all that apply:
- Keynote (Opening, Closing, Luncheon, Dinner)
 - Parent Presentation
 - Student Presentation
 - Inspirational/Motivational

- Focus:
- Student Achievement
 - Parenting Strategies
 - School Improvement
 - Leadership
 - Cultural Diversity
 - Special Area of Focus _____
 - Closing the Achievement Gap
 - At-risk
 - Developing Teams
 - Instructional Strategies
 - Working in Migrant/High Poverty Schools

Audience: _____ Estimated # of Attendees: _____

Location: _____

Address: _____

City/State/Zip _____

Will the display and sale of educational materials be permitted? Yes No

Address to ship materials: _____

Contact Person: _____ E-mail: _____

Phone: _____ FAX: _____

Alternate Contact: _____ Phone: _____ E-mail: _____

Organization assuming financial responsibility: _____

Address: _____

City, State, Zip: _____

Phone: _____ FAX: _____