



Speaker Request____ **Display Request**_____

Name of Organization: _____

Mailing Address: _____

City/_____ State_____ Zip_____

Phone: () _____ Website: _____

Name of Contact Person: _____

Phone: () _____ E-Mail _____

Date of Request *for Speaker* mm/ _____ /day_____ /year_____ Time: _____

Please Circle: weekday weekend morning afternoon evening

Number of People in Audience:_____ Time/Length/of Presentation_____

Describe Audience: _____

Audio Visual, Display or Materials requested_____

Description of the event:

Location/Directions:

Parking:

How did you learn of KCB? _____

For KCB staff only

Assigned to: _____

Circle One: Community or School event

KCB staff remarks:

Thank you note sent: _____