



# SPEAKERS BUREAU REQUEST FORM



Organization Name \_\_\_\_\_

Sisterhood Women's Affiliate

Region \_\_\_\_\_

Men's Club

Region \_\_\_\_\_

Synagogue

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

USA

Canada

Contact \_\_\_\_\_

Name

Position

Landline

Email

Preferred Telephone

Cell

Please check your area(s) of interest:

Overview of Inclusion

Training/Training Modules

Programming Assistance

Ways to utilize our Guide

Underserved Categories of Persons

Other: In the box below, tell us your concerns and needs, and how we may be of assistance.

Tell us about your organization's experience with inclusion. Does your synagogue, Women's League affiliate or Men's Club have an inclusion committee? If so, when did it start, and what are some past programming examples?

Please return this form to: [jerrybrodsky2@gmail.com](mailto:jerrybrodsky2@gmail.com) or [karen.winer@comcast.net](mailto:karen.winer@comcast.net)

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**Inclusion Committee Use:** Received Date \_\_\_\_\_ By \_\_\_\_\_  
Action \_\_\_\_\_