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  ☐ Cell

Email __________________________________________________________

Preferred Telephone _____________________________________________

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?

____________________________________________________________________________________________________________________

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Please return this form to: jerrybrodsky2@gmail.com, or karen.winer@comcast.net

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Inclusion Committee Use:  Received Date __________________ By __________________________

Action ____________________________________________________________________________