



ED. INSTITUTION/YOUTH ORGANIZATION SPEAKER REQUEST FORM

HUMANITIES NEBRASKA

This request form must be filled out completely – including signatures. There is a **TWO** application per calendar year limit for each organization and/or target audience. For first application include processing fee of \$50 - or \$75 for the following high use speakers: Jeff Barnes, Cherrie Beam-Callaway, Darrell Draper, Charlotte Endorf, Sue McLain, and Joan Wells. For second program include processing fee of \$100. Form and payment must be submitted at least 30 days before the program date.

Check if at least 50% of the students are eligible for the Free or Reduced Lunch program. Processing fee for these schools for first program is \$35 or \$50 for high-use speakers and for second program is \$100.

Speaker Name: _____

Program Title from Catalog: _____

Program Date: _____ Program Start Time: _____

Program Location _____ Maximum Occupancy: _____

(Name of building plus street address)

HAVE YOU CONFIRMED DATE AND TIME WITH SPEAKER? YES NO

Your Organization's Name: _____

Your Name: _____

Your Phone: _____ Your Email: _____

Second Contact Name: _____

Second Contact Phone: _____ Second Contact Email: _____

HOME OR ORGANIZATION ADDRESS TO WHICH HUMANITIES NEBRASKA SHOULD MAIL CONFIRMATION MATERIALS TO YOU

Name: _____

Organization (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

(Continue application on next page)

For Humanities Nebraska Use Only

Application # _____ Date received _____

Request # _____ for calendar year _____

Received \$ _____ processing fee on _____ from _____
check # _____ or () credit card or () online payment

GL ID 6230 \$ _____ honorarium GL ID 6115 _____ miles \$ _____ GL ID 6115 \$ _____ per diem

PROGRAM ID 13 FUNDER ID _____ LOCATION ID 1002 PROCESSING DATE _____

Describe your goals/vision for this program and how it relates to your curriculum or organizational mission:

How do you plan to prepare attendees for the program and what will the follow-up be afterwards?

I ASSURE THAT MY ORGANIZATION WILL:

- Acknowledge HN funding in all print materials, media interviews, and at the beginning of the presentation,
- Not charge a fee for the program,
- Display HN poster,
- Prepare program attendees and followup with attendees after the program,
- Notify HN and the speaker immediately of any changes concerning the program (including cancellations),
- Guarantee that an authorized adult will be present during the entire program,
- Not use HN Speakers Bureau presentations as classroom replacements or fundraisers, AND
- Submit a final report within 10 days after the completion of the program.

I CONFIRM THAT:

1. The organization requesting this program is an educational institution or a youth organization.
2. I have read and understand the policies and procedures set forth by HN for this category. (These are located on the HN website at: <http://www.humanitiesnebraska.org>)
3. I understand that failure to comply with the above requirements may jeopardize my organization's eligibility for future programs and/or funding.

Your Signature

Organization's Legal Representative Signature (if different)

Date

Date

PLEASE RETURN FORM AND MAKE CHECK OUT TO:
HUMANITIES NEBRASKA
215 CENTENNIAL MALL SOUTH, SUITE 330
LINCOLN, NE 68508

If you have any questions please contact our office by calling 402-474-2131 or emailing info@humanitiesnebraska.org. We are more than happy to provide any necessary assistance!