



**CATEGORY V
RESIDENCY PROGRAMS
SPEAKERS BUREAU REQUEST FORM**

PLEASE NOTE: This request form must be filled out completely—including signatures—and accompanied by the appropriate processing fee (\$50 per contact hour).

ORGANIZATION NAME: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail (if checked regularly): _____

PROJECT DIRECTOR NAME: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

E-mail (if checked regularly): _____

WHERE WOULD YOU LIKE YOUR MATERIALS SENT? Organization: Home:

SECOND CONTACT PERSON NAME: _____

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

PROGRAM INFORMATION

Residency Type: Skill Building Capacity Building

Title of Residency: _____

Presenter: _____

Date: _____ Times: _____

Location: _____ Maximum Occupancy: _____

How many contact hours will this Residency be? (Must be between 3 – 8 hours) _____

For “Capacity Building” ONLY: Please check all that you plan to utilize during this residency.

Consultation Planning Training

HAVE YOU CONFIRMED DATE AND TIME WITH SPEAKER? YES NO

HAVE YOU ESTABLISHED PROGRAM GOALS WITH SPEAKER? YES NO

Describe the audience you intend to reach:

Describe your goals/vision for this program. Specify learning objectives.

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,
- Pay the speaker on the day of the program (HN sends out checks on the 15th and 30th of each month),
- Display HN poster during the program in the room or at the entrance where the program will be held,
- Notify HN and the speaker immediately of any changes concerning the program (including cancellations),
- Prepare attendees of the program and follow-up with attendees after program,
- If presentation is conducted for a class or youth organization, the organization must guarantee that an authorized adult will be present during the entire program,
- Not use HN Speakers Bureau programs 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 a not-for-profit organization.
2. I have read and understand the policies and procedures set forth by HN's office for this category. (These are located on HN's website at: <http://www.humanitiesnebraska.org>)
3. I understand that failure to comply with the above assurances may jeopardize my organization's eligibility for future programs and/or funding.

Project Director's Signature

Legal Representative's Signature

Date

PLEASE RETURN FORM AND MAKE CHECK OUT TO:

HUMANITIES NEBRASKA
215 CENTENNIAL MALL SOUTH, SUITE 330
LINCOLN, NE 68508

DEADLINE: MINIMUM OF 60 DAYS BEFORE THE PROGRAM DATE