

LIMITED AUDIENCE PROGRAM SPEAKER REQUEST FORM

This request form must be filled out completely – including signatures. There is a limit of ONE application per calendar year limit for each organization and/or target audience. The processing fee is \$75. Form and payment must be submitted at least 30 days before the program date. In addition to the processing fee, your organization is responsible for 50% of program cost, which will be determined by the HN office.

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 _____

Program Cost Breakdown
(Humanities Nebraska will fill out this section)

Travel Reimbursement

Mileage* (_____ round trip miles @ \$.50/mile) \$ _____

Per Diem (\$75 if round trip miles = 400+) \$ _____

Total Travel Reimbursement \$ _____

Speaker Honorarium

(Based on round trip mileage) \$ _____

99 miles or less = \$125

100-199 miles = \$150

200-399 miles = \$175

400-599 miles = \$200

600 miles + = \$225

Total Honorarium \$ _____

TOTAL PROGRAM COST (TRAVEL AND MILEAGE): \$ _____

HUMANITIES NEBRASKA PORTION: \$ _____

YOUR ORGANIZATION'S PORTION: \$ _____

Describe the audience you intend to reach:

Describe your goals/vision for this program:

I ASSURE THAT MY ORGANIZATION WILL:

- Acknowledge HN funding in all print materials, media interviews, and at the beginning of the presentation,
- Accept responsibility for 50 of program expenses and pay the speaker the day of the program,
- Not charge a fee for the program (May charge for meals),
- Display HN poster during the program in the room or at the entrance where the program is held,
- Notify HN and the speaker immediately of any changes concerning the program (including cancellations),
- Not use HN Speakers Bureau presentations for fundraising, 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 entity.
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!