

# SAVE Speaker Request Form

## (Survivors And Victims of tobacco Empowerment)

Your Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

School Name: \_\_\_\_\_

Date of Event: 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

**(Please identify two dates)**

\*Number of participants: \_\_\_\_\_

Grades of participants: 6th 7th 8th 9th 10th 11th 12th

**(Please circle ALL that apply)**

Number of presentations: \_\_\_\_\_

\*\*Presentation times desired: \_\_\_\_\_

Number of speakers desired: \_\_\_\_\_

\*\*\*Location of the event (gym, media room, classroom): \_\_\_\_\_

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\*At least 90 youth required for a presentation to be scheduled.

\*\*Speakers are available starting no earlier than 8:15am.

\*\*\*A microphone is needed for a presentation to more than 30 students in a large setting.

If you would like to view the speakers' profiles, please check out the following website:

<http://www.tobaccosurvivors.org/survivors.html>

**Please fax or email this request to Michelle Wilson:**

**Fax (704-933-3345)**

**Email: [tobacco@cabarrushealth.org](mailto:tobacco@cabarrushealth.org)**

**Please allow at least a two week turnaround time for scheduling.**