

NEW JERSEY COUNCIL FOR THE HUMANITIES
HORIZONS SPEAKER BUREAU
APPLICATION

Nonprofit Organization: _____

Organization Address: _____

Phone #: (_____) _____ Fax #: (_____) _____



Program Site: _____ City: _____

Congressional District #: _____ Legislative District #: _____

Program Date: _____ Alternate Date: _____

Program Time: _____

Speaker Requested: _____

Topic: _____



Project Director's Name: _____

Mailing Address: _____

Phone #: (_____) _____ E-mail: _____



How do you plan to advertise the program? _____

Estimated Audience Size: _____

Have you hosted a Speakers Bureau program before? If yes, please list your previous reference #: _____

If this is the first of your two programs, please enclose a check for \$75. Check enclosed:

I agree to publicize the event to the general public and to acknowledge NJCH as requested.
I will send a draft of the press release to NJCH for approval.
I understand that the programs must be free and open to all.

(Project Director's signature)

(Date)