



CATEGORY IV EVENT PROGRAM SPEAKERS BUREAU REQUEST FORM

This request form must be filled out completely—including signatures. There is a TWO events/programs per calendar year limit for each organization and/or target audience. Include processing fee of \$50 per speaker AND \$50 per program—no limitation on number of speakers and/or programs. For example, 2 speakers each doing 2 programs (4 programs total) would cost your organization \$300 (2x\$50 + 4x\$50 = \$300).

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: _____

Describe the audience you intend to reach:

Describe the event and your goals/vision for humanities programming as a part of it:

How do you plan to publicize this program (newspaper, radio, newsletters, flyers)?

PROGRAM INFORMATION (one program/speaker per entry)

Program Title from HRC Catalog: _____

Presenter: _____

Date: _____ Time: _____

Location: _____ Maximum Occupancy: _____

HAVE YOU CONFIRMED DATE AND TIME WITH SPEAKER? YES NO

Program Title from HRC Catalog: _____

Presenter: _____

Date: _____ Time: _____

Location: _____ Maximum Occupancy: _____

HAVE YOU CONFIRMED DATE AND TIME WITH SPEAKER? YES NO

Program Title from HRC Catalog: _____

Presenter: _____

Date: _____ Time: _____

Location: _____ Maximum Occupancy: _____

HAVE YOU CONFIRMED DATE AND TIME WITH SPEAKER? YES NO

Program Title from HRC Catalog: _____

Presenter: _____

Date: _____ Time: _____

Location: _____ Maximum Occupancy: _____

HAVE YOU CONFIRMED DATE AND TIME WITH SPEAKER? YES NO

Program Title from HRC Catalog: _____

Presenter: _____

Date: _____ Time: _____

Location: _____ Maximum Occupancy: _____

HAVE YOU CONFIRMED DATE AND TIME WITH SPEAKER? YES NO

I ASSURE THAT MY ORGANIZATION WILL:

- Acknowledge the NHC funding in all print materials, media interviews, and at the beginning of the presentation,
- Pay the speaker(s) on the day of the program (the NHC sends out checks on the 15th and 30th of each month),
- Hold these programs in an accessible public place with sufficient space to accommodate at least 50 people,
- Fulfill all program requirements (the NHC will send you a publicity packet after your request form is processed),
- Give credit to the NHC before **EVERY** program,
- Notify NHC and speaker(s) immediately of any changes concerning the program (including cancellations),
- Not use NHC Speakers Bureau presentations as fundraisers, membership drives, or private gatherings, AND
- Submit a final report within 10 days after completion of the programs.

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 the NHC office for this category. (These are located on the NHC website at: <http://www.nebraskahumanities.org>)
3. I understand that failure to comply with the above requirements may jeopardize my organization's eligibility for future programs and/or funding.

Project Director's Signature

Organization Legal Representative's Signature

Date

PLEASE RETURN FORM AND MAKE CHECK OUT TO:

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

DEADLINE: MINIMUM OF ONE MONTH BEFORE THE PROGRAM DATE