



# CATEGORY VI

## “BY THE PEOPLE” PROGRAM

### SPEAKERS BUREAU REQUEST FORM

**PLEASE NOTE:** This form is for two programs listed in the catalog: “America in the World” and “Cuba Embargo.” There is no processing fee for this category. These programs do not count against the two-program limit for each organization and/or target audience per calendar year.

**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**

Program Topic: \_\_\_\_\_

Discussion Leader: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Maximum Occupancy: \_\_\_\_\_

**HAVE YOU CONFIRMED DATE AND TIME WITH DISCUSSION LEADER?** YES  NO

**Describe the audience you intend to reach:**

**Describe your goals/vision for this program:**

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

**I ASSURE THAT MY ORGANIZATION WILL:**

- Guarantee that this program will be free and open to the public,
- Acknowledge the NHC funding in all print materials, media interviews, and at the beginning of the presentation,
- Hold this program in an accessible public place with sufficient space to accommodate at least 25 people,
- Promote and market this program,
- Fulfill all publicity requirements (the NHC will send you a publicity packet after your request form is processed),
- Pay the discussion leader on the day of the program (the NHC sends out checks on the 15<sup>th</sup> and 30<sup>th</sup> of each month),
- Notify NHC and the discussion leader 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 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 the NHC office for this category. (These are located on the NHC website at: [www.nebraskahumanities.org](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's Legal Representative Signature

\_\_\_\_\_  
Date

**PLEASE RETURN FORM TO:**

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

**DEADLINE: MINIMUM OF ONE MONTH BEFORE THE PROGRAM DATE**