



CATEGORY VI "BY THE PEOPLE" PROGRAM SPEAKERS BUREAU REQUEST FORM

PLEASE NOTE: This request form must be filled out completely—including signatures. There is no processing fee for this category. This category program does 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 15th and 30th 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: <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