



# CATEGORY III LIMITED AUDIENCE PROGRAM SPEAKERS BUREAU REQUEST FORM

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| For NHC Use Only |
| HRC Number _____ |
| Date _____       |

This request form must be filled out completely—including signatures. There is a **TWO** program per calendar year limit for each organization and/or target audience. For first program include processing fee of \$50 or \$75 for the following high-use speakers: Cherrie Beam-Clarke, Darrel Draper, Charlotte Endorf, Sue McLain, and Chris Sayre. For second program include processing fee of \$100. In addition to the processing fee, your organization is responsible for **50% of program cost**, which will be determined by the NHC office.

**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 Title from HRC Catalog: \_\_\_\_\_

Presenter: \_\_\_\_\_

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

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

**HAVE YOU CONFIRMED DATE AND TIME WITH SPEAKER?** YES  NO

**This section to be filled in by the NHC office.**

**Speaker Honorarium** \$ \_\_\_\_\_  
 (Based on round trip mileage for speaker. A \$75 per diem has been added to the two categories with the most travel.)  
 99 miles or less = \$125  
 100-199 miles = \$150  
 200-399 miles = \$175  
 400-599 miles = \$275  
 600 miles and over = \$300

\_\_\_\_\_ Round trip miles @ \$.37 per mile \$ \_\_\_\_\_ **TOTAL PROGRAM COST** \$ \_\_\_\_\_

**NHC PORTION (50% of total)** \$ \_\_\_\_\_ **Sponsor portion (50% of total)** \$ \_\_\_\_\_

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

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

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 on the day of the program and accept responsibility for 50% of program expenses (the NHC sends out checks on the 15<sup>th</sup> and 30<sup>th</sup> of each month),
- Not charge a fee for the program (may charge for meals),
- Not use program for fundraising,
- Notify NHC and speaker immediately of any changes concerning the program (including cancellations), 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 assurances 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**