



# PUBLIC EDUCATION: PROGRAM/SPEAKER REQUEST

## STAFF REQUESTING

Requested/submitted by:

Today's date:

Phone/email:

Date needed by:

## CONTACT INFORMATION

Contact name:

Phone:

E-mail:

Other:

Organization/company:

Address:

Location (Suite #, cafeteria):

County:

City:

State:

Zip:

Special Instructions:

## PROGRAM INFORMATION

Check one:  Requested  Confirmed If confirmed, coordinated by:

Program date:

Start time:

End time:

Type of program (check one):  Donor registration  Campus  Special event  Speaking event  
 Workplace  Hospital  High School  Other

Audience (e.g. community, high school students, nurses):

# expected:

Staffing required:  Donor registration volunteer  High school presenter  Speaker  Professional staff

If speaker presentation, length of presentation:

Speaker experience preferred (donor family, heart recipient, etc.):

Topic/focus (donor registry, general donation info, referral process, etc.):

*Over for material/supply request*



# PUBLIC EDUCATION: MATERIAL/SUPPLY REQUEST

Requested/submitted by:

Today's date:

Phone/email:

Date needed by:

## MATERIALS REQUESTED

Materials are provided for approved programs and events. Many items are available in Spanish and English please indicate which is being requested and the amount requested.

Decision cards

Tabletop sign

Green wristbands

Ballot box

General brochure - IL

General brochure – IN

Spanish brochure

AATF brochure

Religious views

Pens (*please circle: GOH HD DLI*)

Pencils

Tablecloth

Lapel Pins

Poster (*please specify*)

Donor Family Quilt (*special instructions accompany this request*)

### Additional information/notes:

PLEASE CHECK:

PICK-UP

SEND MATERIALS TO:

Contact name:

Phone:

E-mail:

Other:

Organization/company:

Address:

Location (Suite #, cafeteria):

County:

City:

State:

Zip:

Special Instructions:

*Over for program/speaker request*

**Please submit this form to Veronica Moreno, Public Relations Assistant.**

Phone: 630/758-2799

Fax: 630/758-2603

E-mail: [vmoreno@giftofhope.org](mailto:vmoreno@giftofhope.org)

### *Public Relations Department use only*

Entered on schedule (date):

Classify Department:  GOH  DLI  HD  AATF  HTF  Donor Family Services

Professional (e.g. conference speaker)

Other