



**Samaritan Counseling Center Hawaii**

Accredited by the Samaritan Institute • Serving Hawai'i's Diverse Communities Since 1989

## Speaker Request Form

Thank you for your interest in inviting a Samaritan Counseling Center speaker to your event. Please fill out this Speaker Request Form and submit it by fax to 808-545-2852 or email at [info@samaritanhawaii.org](mailto:info@samaritanhawaii.org) **at least 4 weeks prior to your event**. If you have any questions, please call us at 808-545-2740.

**Date of Request:** \_\_\_\_\_

**Speaking Engagement:** ☐ Discussion ☐ Panel ☐ Workshop ☐ Other \_\_\_\_\_

**About Your Organization**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Event Details**

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Address: \_\_\_\_\_

# of Attendees: \_\_\_\_\_

**Presentation Details**

Requested Speaker: \_\_\_\_\_

Proposed Topic(s): \_\_\_\_\_

Expected Duration: \_\_\_\_\_

**Proposed Fee:** \_\_\_\_\_

**Your Organization**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

**Samaritan Counseling Center Hawaii**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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**Celebrating over 25 years of Service**

1020 South Beretania Street, Honolulu, HI 96814 • (808) 545-2740 • fax (808) 545-2852  
[www.samaritancounselingcenterhawaii.org](http://www.samaritancounselingcenterhawaii.org) • e-mail: [info@samaritanhawaii.org](mailto:info@samaritanhawaii.org)