



Hope House
OF COLORADO
www.hopehouseofcolorado.org

Hope House Speaker Request Form:

Today's Date: _____
Date Speaker is required: _____
Start Time: _____ End Time: _____
Length of Presentation: _____
Organization/Group Name: _____
Location of Event: _____
Contact Name: _____ Contact Phone #: _____

Requested topic of presentation:

Audience Type:

_____ Business/Professional Organization
_____ Community/Non-profit Organization
_____ School
_____ Church Group
_____ Other: _____

Number of people expected to attend: _____ Age range: _____

Any specific information: (room name, special parking instructions, etc.)

Equipment or supplies requested (If available):

_____ Handouts/Brochures
_____ Display Items
_____ Powerpoint or Video (AV equipment to be provided by host)

***Please fax your completed form to: 303-439-2136 Attn to Lisa Steven
Thank you for your interest, we will get back to you shortly!***