



SOUTH CAROLINA HISTORICAL SOCIETY

Speaker Request Form

Your Organization: _____

Contact Name: _____ Title: _____

Phone Number: _____ E-mail: _____

Event Date: _____

Event Location (street, city, zip): _____

Event Time: _____

Event Theme: _____

Topic(s) of Interest: _____

Speaker Requested (if any): _____

Presentation Length: _____ Q & A Session? Yes No

Presentation intended to be: In-Person Virtual

If Virtual, Format ((ex. Zoom)? _____

Presentation Format (panel, speech, roundtable, etc.): _____

Audio and Video Equipment provided: _____

If panel or roundtable discussion, list invited participants.

Audience Size: _____

Please briefly describe your target audience, noting general characteristics/composition (i.e. age, industry, business, education, social, religious):

