

SPEAKER INTEREST FORM

Thank you for your interest in having Chéri S. Allen speak at your event! Please complete this form to provide the details needed to evaluate if "The Cost of the Cape" keynote would be a good fit for your audience. Chéri is excited about the possibility of sharing her transformative message with your attendees.

Event Details Event Title * Event Date * Event Time * Event Location * Is this a paid speaking opportunity? *

Yes	
No (Pro Bono)	
Audience Information	
Audience Description *	
	<i>/</i>
Expected Number of Attendees *	
Speaking Engagement Details	
Preferred Talk Duration *	
Preferred Talk Duration * Please select	
Preferred Talk Duration *	
Preferred Talk Duration * Please select	
Preferred Talk Duration * Please select If "Other" duration, please specify:	
Preferred Talk Duration * Please select If "Other" duration, please specify:	

Speaker Interest Form - Chéri S. Allen

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Contact Information	
Organization Name *	
Contact Person Name *	
Contact Email *	
Contact Phone Number *	
Additional Information	
	h

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