



Collaborative Against Human Trafficking

• SUMMIT COUNTY •

HUMAN TRAFFICKING SPEAKERS REQUEST FORM

Please email completed form to info@endslaverysummitcounty.org

Organizations Information

Contact Person: _____ Organization: _____

Organization Address: _____

Contact Phone: _____ Email: _____

Presentation Information

Presentation Date: _____ Time: _____

Length of Presentation: _____ Audience Size: _____

Type of work done by those in attendance: _____

Suggestions/Topics need covered: _____

Do you have a laptop? Yes No

Is there is a projector that can be used? Yes No

Do you have speakers for videos? Yes No

Do you have Wi-Fi capability? Yes No

For Office Use Only

Presenter(s): _____ Phone Number: _____

Presenter(s): _____ Phone Number: _____

Materials/Promotional Items Distributed: _____

Feedback: _____