



# SPEAKERS BUREAU REFERRAL FORM

## Lake County Board of DD/Deepwood

Organization/Community Group Requesting a Presentation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Number Street City State Zip Code

Presentation Topic:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> History/Overview of DD      | <input type="checkbox"/> School/Parent/Teacher Event | <input type="checkbox"/> Adult Services    |
| <input type="checkbox"/> Employment/Career Path      | <input type="checkbox"/> Community Engagement Event  | <input type="checkbox"/> Children Services |
| <input type="checkbox"/> Eligibility/Waiver Services | <input type="checkbox"/> Other _____                 |  |

Purpose of Presentation Request: \_\_\_\_\_

Date/Time of Presentation: \_\_\_\_\_ (give at least 2-weeks' notice to ensure availability)

Is the Date/Time Flexible? Y or N

Format:  In Person  Remote (Zoom)  Hybrid

Equipment Available for Presentation (projector, audio, Wi-Fi, etc.) \_\_\_\_\_

Expected Number in Attendance: \_\_\_\_\_

Audience Demographic:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Primary/Middle School Students | <input type="checkbox"/> High School/College Students | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Business Sector                | <input type="checkbox"/> Adult Community Group        | <input type="checkbox"/> Day Provider    |
| <input type="checkbox"/> Individuals Served by LCBDD    | <input type="checkbox"/> Other _____                  |  |

\_\_\_\_\_  
Person Submitting the Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager (if applicable)

\_\_\_\_\_  
Date

\*\*\*\*\*  
**Superintendent's Use Only**

- Yes, I give my permission for presentation.
- No, I do not give permission for the presentation. Reason \_\_\_\_\_

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date