



Speaker Request Form

To register, please email this form to:

divein@brevardzoo.org or call 321.254.9453 x237.

All groups must register two weeks in advance.

Organization Details

Name of Organization _____

Location of Presentation Full Address

Address _____

City _____ State _____ ZIP Code _____

County _____

Booking/Contact Person's

Name _____

Phone/Ext. _____

Email _____

Attendees

Please provide the total number of people attending: _____

• Are there any exceptional needs in your group? Yes No

(answer used for providing accommodations)

If yes, please elaborate. _____

Additional

How did you learn about us? _____

Do you have technology for a PowerPoint presentation (laptop, projector, screen)? Yes No

Additional Needs _____

Presentation Details

Date requested (first choice) _____

Alternate dates (in case your first choice is not available) _____

Presentation start time (round to the nearest quarter hour) _____

Presentation end time (round to the nearest quarter hour) _____