



ZAHARA VETERANS NETWORK, INC.

~RAISING THE VOICE OF WOMEN VETERANS~

9526 ARGYLE FOREST BLVD, SUITE B2-206

JACKSONVILLE, FLORIDA 32222

TELEPHONE: (904) 469-6982 FAX: (904) 680-7386

APPEARANCE REQUEST

CORPORATE INFORMATION

REQUIRED

PLEASE TYPE OR PRINT LEGIBLY:

ORGANIZATION: _____

PRIMARY CONTACT: _____ (FIRST) _____ (LAST)

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT TELEPHONE: (_____) _____ LANDLINE (NO TEXT) CELLULAR (TEXT CAPABLE)

EMAIL ADDRESS: _____

ALTERNATE CONTACT: _____ (FIRST) _____ (LAST)

ALTERNATE TELEPHONE: (_____) _____ LANDLINE (NO TEXT) CELLULAR (TEXT CAPABLE)

ALTERNATE EMAIL: _____

APPEARANCE/EVENT REQUEST

REQUIRED

APPEARANCE TYPE: _____

DATE(S): _____ START TIME: _____ END TIME: _____

TIME OF SPEAKER PRESENTATION: _____ DURATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OF ATTENDEES: _____ AUDIENCE TYPE: _____

DO YOU HAVE AN EVENT FLYER/MEDIA TO ATTACH? YES NO

IS IT PROMOTED ON YOUR WEBSITE? YES- ENTER ADDRESS BELOW NO

WEBSITE ADDRESS: _____

IS THIS A JOINT EVENT: YES- ENTER NAMES BELOW NO

ADDITIONAL HOSTS: _____

GUIDELINES

PLEASE PROVIDE AS MUCH INFORMATION ABOUT YOUR EVENT AS POSSIBLE. ZVN, INC. WILL PROCESS YOUR REQUEST AND RESPOND WITH QUESTIONS AND/OR A CONFIRMATION AND ESTIMATION OF THE ATTENDANCE FEE. ALL EVENTS MORE THAN THREE HOURS FROM THE JACKSONVILLE, FLORIDA AREA WILL INCUR TRAVEL AND TRANSPORTATION COSTS. THANK YOU FOR YOUR REQUEST TO ATTEND.

SIGNATURE OF REQUESTOR:	DATE: _____ DAY MONTH YEAR
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DATE RECEIVED: _____ RE _____ VERIFIED BY: _____ VIA: PHONE EMAIL IN-PERSON DATE: _____ SIGNATURE: _____