

# SPEAKER REQUEST FORM

Speaking Engagement Department: 611 E. Cross St. Ypsilanti, MI 48198  
734-487-5678 ▪ Fax 734-487-3010 ▪ DrLeeinfo@yahoo.com ▪ www.joshuastrail.org

Please Print

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## SPEAKING ENGAGEMENT INFORMATION

Event Title: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_ Alternative Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Organization/Sponsor(s) Name: \_\_\_\_\_

Event Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Additional information: \_\_\_\_\_

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## CONTACT INFORMATION:

Requestor Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

*Please email the request form to [Drleeinfo@yahoo.com](mailto:Drleeinfo@yahoo.com) or fax it to 734-487-3010. You will be notified within 48 hours regarding Dr. Yuille's availability.*