

# Memphis Area Transit Authority Speakers Bureau Request Form

Thank you for your interest in the Memphis Area Transit Authority (MATA). Please thoroughly complete the speakers bureau form below. If possible, requests should be made at least 30 days in advance of your event. However, the MATA team will try to accommodate speaker requests if the request is submitted in less than 30 days. Once you have completed this form, you can leave it at the front desk of MATA's headquarters located at 1370 Levee Road or you can email a copy to <u>speakersbureau@matatransit.com</u>. After you have submitted your request, the MATA team will contact you within five days of receipt.

If you prefer, please complete the interactive form available on the MATA website: <u>http://www.matatransit.com/contact/mata\_speakers\_bureau</u>

\*Please fill out the form entirely

# Requesting Organization's Name

## What is the date of your speaking engagement?

What is the mission of your organization and topic of your event?

## What type of speaking opportunity is involved?

- □ Welcome/Closing Remarks □ Conference
- □ Small Group

Career Day

□ Other

- Panel
- Presentation

## **Estimated Number of Audience Members**

□ 25 or less □ 26 – 50 □ 51-75 □ 76 – 100 □ 76-100

Will there be other speakers at the event? If so, who	Will	there	be	other	speakers	at the	event?	If so,	whoi
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If other speakers are involved, who are they?

# How much time is allotted for our presentation?

□ 5 minutes □ 15 minutes □ 30 minutes □ 45 minutes □ 1 hour

#### Does your organization have a completed agenda for the event?

MATA will need the following equipment for a presentation. Please indicate what your organization can provide.

□ Projector □ Screen □ Laptop □ Pointer □ Wireless Microphone □ Podium □ Laptop

#### Will your organization promote this speaking engagement? If so, which mediums will you use?

News Release

□ Facebook

Website

- Twitter
- Internal Newsletter
- Membership Email
- Other
  Please specify: \_\_\_\_\_\_

# Where is the location of the event?

Address

City	State	Zip	_

## **Organization Contact Information**

Organization Contact Name

Contact Title

cell Phone Number	Office Number	