

Operation Smile Canada (OSC)

Speakers Request Form

Thank you for your support and engagement with Operation Smile Canada, and your interest in having one of our speakers at your event. Our speakers range from OS staff members, medical volunteers, community ambassadors and more, and will be decided in relation to the type of event you are hosting.

OSC kindly asks that you provide as much detail as possible and submit this Speakers Request form at least four weeks in advance. However, OSC will try to accommodate all forms submitted inside the 4-week window. If you have any additional inquiries, please contact OSC at our email givesmiles@operationsmile.org or your primary point of contact at Operation Smile Canada.

HOST ORGANIZATION INFORMATION

NAME OF SCHOOL OR ORGANIZATION/ASSOCIATION		MAILING ADDRESS	
POINT OF CONTACT		ORGANIZATION WEBSITE ADDRESS <i>(If applicable)</i>	
POSITION WITHIN ORGANIZATION			
E-MAIL ADDRESS	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	FAX NUMBER

EVENT LOGISTICS

NAME AND DATE OF EVENT <i>(If applicable)</i>		ANY REQUESTED OSC MATERIALS <i>(Brochures, posters, etcetera)</i>	
TIME OF EVENT	TIME SPEAKERS WILL PRESENT	IN-PERSON OR ONLINE	VENUE LOCATION <i>(Mailing address, venue room number, etcetera)</i>
TYPE OF EVENT <i>(e.g., Lecture series, rotary club, convention, special event, other)</i>		EQUIPMENT AND MATERIALS AVAILABLE AT EVENT <i>(computer, tv/video, projector, screen, power point presentation, etc)</i>	
TYPE OF SPEECH <i>(e.g., Keynote, panel participant, lecture, etcetera)</i>			
SPEAKING TOPICS <i>(Please include event theme and purpose. i.e. What aspects of Operation Smile's work would you like the speaker to touch on?)</i>			

AUDIENCE INFORMATION

TYPE OF AUDIENCE <i>(e.g. students, Volunteers, general public)</i>
EXPECTED NUMBER OF ATTENDEES
SPECIAL GUEST ATTENDEE(S)

SIGNATURE: Please sign this request form in acknowledgment that the provided information is correct, and that if any information on this event changes, the point of contact is required to provide such changes to the corresponding OSC staff member.

Point of Contact Signature:

Date: