



SPEAKER REQUEST FORM

Contact Name: _____

Contact Number: _____

Contact Email: _____

Organization Name: _____

Date of Event (if flexible please indicate range): _____

Time of Event: _____

Location of Event (please include full address): _____

Audience Size: _____

Purpose of Event: _____

Type of Speaker Requested (Please Indicate Your Top 3 Choices):

_____ Death Penalty Focus Representative/ Death Penalty Expert

_____ Attorney/Legal Expert

_____ Wrongfully Convicted Individual*

_____ Murder Victim Family Member

_____ Family member of an executed prisoner/ Family member of a death row prisoner

_____ Clergy/ Faith-based Speaker

_____ Law Enforcement

_____ Other (Please specify) _____

*Occasionally these speakers request a small stipend. Please inform us if this is a challenge for your group.

Can you provide a stipend for the speaker? _____

Can you cover travel expenses for the speaker? _____

Death Penalty Focus cannot guarantee that a speaker will be available on the dates that you request.

Please return this form to Death Penalty Focus at least 3 weeks prior to your event:

870 Market St. Ste. 859 San Francisco, CA 94102 ♦ Tel. 415-243-0143 ♦ Fax 415-243-0994