

HIV POSITIVE SPEAKER REQUEST FORM

TEACHER INFORMATION

Teacher Name:	Date:
School:	
School Address:	
Teacher Phone:	Email:
Emergency Contact:	Phone: Email:

SPEAKER REQUEST

Date of Speaking Engagement:
Time(s):
Number of students (per class):

1. Student characteristics (age range, etc.):

2. Requested speaker characteristics:

3. Rationale for above request:

4. What HIV education have the students already had?

Please submit this form by: email info@healthandlearning.org, fax (802) 254-5816
or mail to Center for Health and Learning 28 Vernon St. Suite 319 Brattleboro, VT 05301

5. What do you plan to do to follow up after the speaker?

SPEAKER PAYMENT

Amount of speaker payment: \$50 for first session and \$25 for each additional session on the same day.

Date to be paid:	
Source of funds (check one):	
School Business Office	CHL
Other:	
Business Office Contact:	
Phone:	Email:

DAY OF EVENT

Directions to school:
Meeting place at school:
Exact meeting time (at least 15 minutes before first class):

QUESTIONS?

Contact us at 802.254.6590 or info@healthandlearning.org

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