

REQUEST FOR AIDS LAW PROJECT TRAINING

Date: _____

Name: _____

Organization: _____

Address: _____

Telephone: _____

Request for Speaking:

Topic: _____

Proposed Date(s): _____

Location: _____

Number of Audience: _____

Members of Audience: _____
(e.g., social worker)

Proposed Handouts: _____

Will they copy handouts? _____

If so, date when copies are due: _____

Honorarium: _____
(usual rate \$200/hr)

Travel Reimbursement: _____
(\$.37/mile plus tolls)

Other Comments: _____