



## Speaker Request Form

Complete and Return to: Rising Sun Publishing  
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<b>Today's Date:</b>		<b>Referred By:</b>	
<b>Requested Date:</b>			
<b>Type of Request:</b>	<input type="checkbox"/> Keynote Address	<input type="checkbox"/> Staff Training	<input type="checkbox"/> Parent Presentation
	<input type="checkbox"/> Student Presentation	<input type="checkbox"/> ACT Prep	<input type="checkbox"/> Study Skills
	<input type="checkbox"/> Professional Development		
<b>Focus:</b>	<input type="checkbox"/> Student Achievement	<input type="checkbox"/> Parenting	<input type="checkbox"/> College Planning
	<input type="checkbox"/> School Improvement	<input type="checkbox"/> Inspirational/Motivational	
	<input type="checkbox"/> Other:		

Audience:		
Presentation Location:		
Address:		
City/State/Zip		
Contact Person:	Phone:	
Email:		
Organization:		
Address:		
City/State/Zip		
Will sale of materials be permitted?		
Other Details:		