

SPEAKER REQUEST FORM: Twila Brase, President and Co-founder, CCHF

Organization Name:	
Contact Name/Title:	
Contact Tel/Email:	
Event Location Address:	
City/State/Zip:	
Name/Theme of event:	
Activity/Role requested:	Est. # of Attendees:
🗌 Keynote Speaker 🗌 Guest Speaker 🗌 Pa	nel Member 🗌 Facilitator
Other	
Length of speech/presentation:	Audio/Visual available?
Disease wature completed form to CCUE:	

Please return completed form to CCHF:

email: <u>info@cchfreedom.org</u> or via mail: 161 Rondo Ave., Ste. 923 Saint Paul, MN 55103

CCHF is committed to timely responses and will review all requests within 10 business days. If approved, CCHF will provide a Speaker Agreement form that outlines associated fees specific to the event for your review.

Honorarium

For speaker engagements with CCHF, the requested honorarium to cover our time is estimated to be a minimum of \$1200*, taking into consideration factors such as travel distance, staff preparation requirements, and duration of the event.

REIMBURSABLE EXPENSES: Required reimbursable expenses could include the following: economy flight and ground transportation, rental car (or \$0.655/mile) and parking, hotel, and meals.

*Please note that the honorarium associated with a speaking request is open to negotiation based on unique circumstances (such as event location and size of requesting organization) and will be evaluated on a case-by-case basis.