



Speakers Bureau REQUESTER APPLICATION

Name: _____

Telephone: _____

e-mail address: _____

Group Name: _____

Date of Request: _____

Presentation Details:

Day/Date: _____

Time: _____

Location address and telephone: _____

Topic requested: _____

Presenter Information:

Name of presenter: _____

Phone and e-mail: _____

Received evaluation compilation: _____

Comments: _____

Mail form to: Michigan Art Therapy Association
406 Illinois Dr.
Tecumseh, MI 49286