**NEALE DANIHER APPEARANCE REQUEST FORM**

**Organisation:**

**Organisation Contact Name:**

Organisation Contact Email & Phone Number:

**Date/s of proposed event:**

Location/State of proposed event:

**What kind of event is this for?**

Fundraiser / Charity   
Corporate   
Professional  
Awareness  
School Visit  
Other (please specify)

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**The purpose of the proposed event:**

Motivational  
Informative  
Leadership  
Staff Engagement  
Health & Wellness  
Other (please specify)

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**What will the Alumni’s role be at the event?**

Keynote Speaker (duration of speech \_\_\_\_\_\_\_\_\_\_\_)  
Panel Member   
Q & A session   
Fireside Chats (format between MC & Speaker)   
Other (please specify)

**Due to Neale’s medical condition, it may be difficult for him to attend all events in person. As such, is virtual attendance (video message, Skype/Teams) possible?**

Yes  
No

**Is a representative acceptable if the Alumni is not able to attend in person, such as Bec or Jan Daniher?**

Yes  
No

**How big is the audience?** less than20  
21 – 50  
50 – 100  
Over 200  
Other (please specify)

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**Will you cover flights, accommodation, and travel expenses? (if required)**

Yes  
No  
Other (please specify)

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**How long would you like the Alumni to attend?**Up to a 1 hour  
Up to 2 hours  
Up to 4 hours  
Other (please specify)

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**Will you pay a speaker's fee if requested?**Yes  
No  
Other (please specify)

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**Is there anything else you would like us to consider in reviewing this request?**

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***Please note: Neale has specific accessibility requirements.***