**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.***