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| [Description: Brain Injury Resource Center of Wisconsin](http://bircofwi.org/) | **SPEAKERS BUREAU –**  **Request for Speaker** | | | |
| Please fill in the following form and submit. We will contact you! | | | | |
| Name/Contact Person: | | | | |
| Employer: | | | Title: | |
| Work Address: | | | | |
| City: | | | State: | Zip: |
| Work Phone: | | Work Fax: | Work E-mail: | |
|  | | | | |
| Group: | | | | |
| City/State/Zip: | | | Potential Number in Group: | |
|  | | | | |

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| Please provide a brief description of your group’s interests: | |
| **Please indicate topic(s) of interest:** | |
| \_\_\_Survivor  \_\_\_Family Member/Loved One  \_\_\_Medical  \_\_\_Prevention  \_\_\_Depression/Coping skills  \_\_\_Caregiving  \_\_\_Rehab/Therapy  \_\_\_Advocacy | \_\_\_Motivational  \_\_\_Education  \_\_\_Legal  \_\_\_Funding  \_\_\_Support Services  \_\_\_Spiritual  \_\_\_Vocational  \_\_\_Other |

**Please e-mail this form to Admin@bircofwi.org or fax to 262-436-1747**