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| Description: Brain Injury Resource Center of Wisconsin | **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**