

Harmonious Concepts
♪♪ MUSIC THERAPY ♪♪

SPEAKER'S REQUEST FORM

All requests must be received 30 days prior to event date.

Today's Date: _____

Requesting Organization: _____

Contact Person: _____

Telephone Number: (____)____-____ Email Address: _____

Event Date : _____ *(Must have a minimum number of 10 participants)*

Choice #1: (___/___/___) Time of Day: _____ Expected Number to Attend: _____

Choice #2: (___/___/___) Time of Day: _____

Choice #3: (___/___/___) Time of Day: _____

Presentation Duration: _____ Set Up Time: _____

(Someone from your organization must be present 30 minutes prior to presentation so the speaker can set up)

Event Location/Building Name: _____

Physical Address (with zip code): _____

May we publish this event on our website? ___ Yes or ___ No

If yes, who is the RSVP contact?

(Name, Telephone)

Target Audience:

___ General Public

___ Senior Groups

___ Public School

___ College and University

___ Health Professionals

___ Corporate Setting

___ Other:

Please briefly describe your target audience.

Program Topic:

___ Music Therapy: A Rainbow of Possibilities

___ The Power of Music

___ Finding the Music Within

___ Other *(please specify topic areas you would like to have addressed):*

Please return email to: ndoty@harmoniousconceptstx.org

You will be notified of confirmation receipt within 7 business days of receiving the request.