



**ARTE SANA**

*Healing Hearts Through the Arts*

www.arte-sana.com

## SPEAKER REQUEST FORM

Arte Sana receives numerous requests for training and community education services from within Texas and abroad. In order to determine whether we can assist your agency please complete the following and submit it either electronically via [artesanando@yahoo.com](mailto:artesanando@yahoo.com) or via snail mail to **PO Box 1334, Dripping Springs, TX 78620** as soon as possible. All requests are considered in the order in which they are received. Unless otherwise communicated, your agency should receive a response within 48 hours upon receipt of the solicitation. This solicitation form **does not** take the place of a speaker agreement form or a contractual agreement, but is rather a summary of pertinent information that may be included in such forms at a later date.

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NUMBER OF PRESENTATIONS BEING REQUESTED: \_\_\_\_\_ ESTIMATED AUDIENCE SIZE: \_\_\_\_\_

DATE/S: \_\_\_\_\_

LOCATION (City, State): \_\_\_\_\_

TYPE OF PRESENTATION/S BEING REQUESTED (PLEASE CHECK ALL THAT APPLIES)

- Professional Training Workshop in English
- Professional Training Workshop in Spanish*
- Promotora Training in Spanish*
- Community Education for Adults in English
- Community Education for Adults in Spanish*
- Risk Reduction Education for College Students in English
- Risk Reduction Education for College Students in Spanish*
- Risk Reduction Education for Youth in English
- Risk Reduction Education for Youth in Spanish*

SPECIFIC TOPIC/S OR AREA/S OF FOCUS: \_\_\_\_\_

HONORARIUM: \_\_\_\_\_

(Since training honorariums are a major source of unrestricted operational funds, checks should be made to Arte Sana.)

### TRAVEL & LODGING

In an effort to offset Arte Sana's expenses, compensation for travel engagements that require more than 30 miles of land travel from the trainer's point of origin will be requested. Arte Sana also requests that required travel expenses (such as airfare and hotel) be covered by the inviting agency in advance.

PLEASE CHECK ALL PERTINENT TRAVEL EXPENSES THAT WILL BE COVERED OR REIMBURSED FOR THE REQUESTED PRESENTATION/S:

IN-STATE GROUND TRAVEL

Please indicate the mileage and per diem reimbursement rates: \_\_\_\_\_

AIR TRAVEL

OUT-OF-STATE GROUND TRAVEL (Shuttle/Taxi)

Please note the approximate distance of the airport from the hotel: \_\_\_\_\_

AIRPORT PARKING

LODGING