

SPEAKERS

We would be pleased to provide a speaker for your organization or group.

Date of Proposed Presentation _____

Length of time to speak _____

Location: _____

Name of Organization _____

Contact Person: _____

Address _____

City/State/Zip _____

Phone (Home) _____

Phone (Work) _____

(Cell) _____

E-mail _____

Estimated # of participants at your event _____

Is your organization a faith group a community organization
 a school group government agency _
 other

There may be a cost involved for the cost of reprinting materials for the presentation.

Presentations are given by family and consumer volunteers.

Please list any specific topics
you would like to see
addressed:

Please mail this application to:

NAMI Greater Des Moines
Box 12174
Des Moines, Iowa 50312

Or complete the form online and:

Click this button to email completed form to: namigdm@gmail.com