

NEW JERSEY COUNCIL FOR THE HUMANITIES

Horizons Speakers Bureau Application

Applications must be submitted at least two months, but not more than six months, in advance of the date you are requesting.

Nonprofit Organization: _____

Organization Address: _____

Phone #: (_____) _____ Fax #: (_____) _____



Program Site: _____ Street address: _____

City: _____ Zip: _____

Congressional District #: _____ Legislative District #: _____

Program Date: _____ Program Time: _____

Alternate Date: _____ Alternate Time: _____

Speaker Requested: _____

Program Topic: _____



Program Director's Name: _____

Complete Mailing Address: _____

Phone #: (_____) _____ Email: _____



How do you plan to advertise the program? _____

Estimated Audience Size: _____

Has this organization hosted a Speakers Bureau program before? If yes, please list the program reference number: _____

If this is the first of your two programs, please enclose a check for \$75. Check enclosed:

**I agree to publicize the event to the general public and to acknowledge NJCH as requested.
I will send a draft of the press release to NJCH for approval
I understand that the program must be free and open to all.**

(Program Director's Signature)

(Date)

Please mail completed application to: New Jersey Council for the Humanities, Horizons Speakers Bureau,
28 West State Street, 6th Floor, Trenton, NJ 08608