

**St. Louis Master Gardener Speakers Bureau
Confirmation Form**

Date of Request:

Organization:

Contact Person:

Address:

E-mail:

Day Phone:

Program Topic:

Program Speaker:

Speaker Phone:

Speaker E-mail

Program Date:

Program Time:

Program Length:

Estimated Attendance:

Location of Talk:

Organization will provide:

The Speaker will provide:

_____ Darkened Room

_____ Speaker Feedback Form

_____ Screen

_____ Computer/Data Projector

_____ Extension Cord

_____ Other

_____ Table for projector/computer

Invoice

Amt. Due: \$50/ program

To confirm talk to our program office: e-mail form to: recordsh@missouri.edu

Payment preferred 2 weeks prior to talk,

Make check payable to **St. Louis Master Gardeners Speakers Bureau**

Please, include **your organization name** on check and the date of the talk.

Mail payment and this form to:

Master Gardener Speakers Bureau

Missouri Botanical Garden

4344 Shaw Blvd.

St. Louis, MO 63110
