

## Albuquerque Isotopes Speakers Bureau

Speakers Bureau requests must be submitted at least four (4) weeks prior to event date. Completion of this form does not guarantee a speaker for your event, but the Isotopes will do their best to accommodate every request.

Organization Name:		
Organization Address:		
City, State, Zip Code:		
Contact Name:		Title:
Contact Phone:	Contact E-mail Address:	
Date of Event:	Start Time:	End Time:
Number of Attendees:	Age Group:	
Event Location and Address	::	
City, State, Zip Code:		
Description of Event:		
Specific response date need	ded by group:	
**Please atta	ch driving directions from Isotopes	Park and an agenda for the event **
	Please return completed form by	mail or email below:
	Albuquerque Isoto ATTN: Michelle Mo 1601 Avenida Cesar Cl Albuquerque, NM 8	ntoya havez SE
	Michelle Montoya via email at mmon	toya@abqlsotopes.com
FOR OFFICE USE ONLY:		
Date Received	Speaker Requested	
		tion Date:
Special Needs/Materials		