

# HOLOCAUST SURVIVOR SPEAKER REQUEST FORM

## REQUESTED BY

**NAME:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

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

**TELEPHONE :** Work \_\_\_\_\_ Home: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**LOCATION OF EVENT, IF DIFFERENT FROM ABOVE:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**LENGTH OF PRESENTATION:** \_\_\_\_\_

**AUDIENCE:**

**GRADE OR TYPE OF CLASS** \_\_\_\_\_

**SIZE OF GROUP** \_\_\_\_\_

**KNOWLEDGE OF HOLOCAUST** \_\_\_\_\_

\_\_\_\_\_

**PREVIOUS SPEAKERS** \_\_\_\_\_

**ADDITIONAL INFORMATION OR COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

Please email this form to Jeanette Parmigiani, Director of Holocaust Programs at:  
[jparmigiani@baltjc.org](mailto:jparmigiani@baltjc.org)