



BRANCH SPEAKERS INFORMATION EXCHANGE

INFORMATION ON PROGRAM

TO: _____, Area Chairman, Speakers Information Exchange

FROM: _____, Program Chairman, Branch No. _____

Program Date: _____ Name of Speaker: _____

Program Title: _____

Description/Comments (Equipment required?) _____

Person or Organization to contact: _____

Address: _____ Telephone (____) _____
Street City & State Zip Area Number

Lead Time: Months _____ Weeks _____

Will Speaker travel? _____ Local only _____ Northern California _____

Other Comments: _____

(Please be honest in your ratings. Don't overrate just to be kind.)

How do you rate the program: _____

10 - 9 Excellent

8 - 7 Good

6 - 5 Fair

4 - 0 Poor