



the center for
Young Women's Development

Through the Eyes of a Sister Training Institute

Speaker | Training Form

Speaker Requested [See List Under Training] _____

Type of Event

Training Panel Workshop Keynote Address Other _____

Topic _____

Date _____ Desired Length of Presentation _____

Dates Requested for Training _____ Audience Number _____

Honoraria Offered _____

Please Describe the Nature of Your Request _____

Contact Information

Name _____

Telephone _____

Email _____

Street Address _____

City _____

State, Zip _____