



EMPOWERING CHILDREN FAMILIES & COMMUNITIES

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## WORKSHOP PRESENTER REFERRAL

Unique Alternatives Inc. workshops are designed to give back to communities by educating, empowering, enlighten, and inspiring youth and young adults. Our workshops are free to the community. Our workshops take place on the 2nd Tuesday of each month from 5:00pm to 6:30pm, at the Concord Housing Technology Building.

We ask that you complete the workshop presenter referral if you or your organization would like to become a presenter.

As a presenter, Unique Alternatives Inc. will cover the marketing and promotions, thus exposing you to various groups to bring awareness of what you and/or your organization offers. Once selected, we will contact you to set up a date for your workshop.

Speaker(s) Name(s): \_\_\_\_\_

Speakers Business or Organization: \_\_\_\_\_

Speaker's job title/position: \_\_\_\_\_

Speaker's position(s) in relations to why they're speaking: \_\_\_\_\_

Speaker Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Speaking Engagement: (check all that applies)**

Education       Health       Money Management/Finances

Self Esteem       Positive Life Changes       Etiquette       Motivation

Other (please explain): \_\_\_\_\_



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**List a few interesting personal notes.** Examples Mention if you were the first to do something, if you have published anything, have held impressive positions, done impressive things, made an impact, apart of a group/organization that initiates change etc

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**Target population of your speaking engagement:** (select one or more)

- Elementary School (5-10)    Middle School (11-13)    High School (14-17)  
 Older adolescents (17-20)    Young Adults (21-25)    Adults (25 and up)  
 Other specific: \_\_\_\_\_

**Length of your speaking engagement:**

- 15 minutes    20 minutes    25 minutes    30 minutes

**What type of set up will you require?**

- Classroom style    Theater style    Conference style

**Will you need the following audio/visual equipment?**(all equipment availability is pending based on workshop location)

- TV    DVD    VCR    Dry Board    Other \_\_\_\_\_



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## WORKSHOP PRESENTER REFERRAL

### Video & Photo Release

I understand that I will be captured on video and/or photographed during this event, whether by the Unique Alternatives Inc. or by media organizations that may cover the event.

I give permission for my speaking engagement to be videotaped and photographed by Unique Alternatives. I also understand that no compensation is provided for any appearance or statements recorded by Unique Alternatives Inc. or any media in attendance at the event.

Videotaping and photographed will be used for marketing of the workshops and ongoing educational development films for Unique Alternatives Inc. If videotaped, you can request a copy of the edited or unedited footage to further market your speaking engagement. Check the appropriate boxes to authorize consent.

- I/we agree to be video taped  
 I/we agree to be photographed

### Compensation

A. Will you be donating time for your services? If no, complete part B and C  
 Yes or  No

B. Will you need compensation for lodging? Yes or No

We contract with Choice Hotels to provide lodging for presenters traveling 65 miles outside of Concord NC & Charlotte NC Metro areas.

C. Will you need compensation for Travel? Yes or No

We will provide you a gift card for out of town travel destination to our event not exceeding \$100.00 dollars. Travel fees will be based on AAA travel destination. \*Unique Alternative Inc. provides a \$25 dollars gift cards to presenters coming from the Charlotte metro area.

Thank you for completing Unique Alternatives Inc. Workshop Presenter Referral form. Please fax it to 866-849-6893, or email to [uniquealternativesinc@gmail.com](mailto:uniquealternativesinc@gmail.com)