



COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT

33 South King Street, Suite 513, Honolulu, Hawai'i 96813

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www.hawaiiancouncil.org

Speaker & Practitioner Bureau Request Form

Name _____

Contact Information:

Address _____

Phone _____

E-Mail _____

Cell _____

Area of Speaker's Expertise: (check all applicable)

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Business/Economic Development | <input type="checkbox"/> Spiritual | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Hawaiian Culture/Language | <input type="checkbox"/> Motivational / Inspirational | <input type="checkbox"/> Elders |
| <input type="checkbox"/> Travel / Hospitality Industry | <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Law |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Leadership | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Hawaiian History | <input type="checkbox"/> Hawaiian Homesteads | <input type="checkbox"/> Genealogy |
| <input type="checkbox"/> Hawaiian Healing Practices | <input type="checkbox"/> Housing Services/Development | <input type="checkbox"/> Land Tenure |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Sovereignty | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Human/Social Services | <input type="checkbox"/> Native Peoples | _____ |
| <input type="checkbox"/> Politics/Public Policy | | |

Event Description:

Organization: _____

Event Name: _____ Date/Time: _____

Purpose of Overall Event: _____

Person in Charge: _____ Phone: _____

Location: _____ Guest Count: _____

Primary Audience Demographic: _____ Time Duration: _____

Type of Presentation (plenary/workshop/etc.) _____

Stipend for Speaker's Services: \$ _____ Travel Expenses Included (if any): ___ Yes ___ No

Description of Speaker's Content: _____

A/V Needs: _____ Confirm by (date): _____

For any questions regarding your request, please contact Sean Craig, Director of Event Services for the Council for Native Hawaiian Advancement. He can be reached at (808) 521-5011 or by email at sean@hawaiiancouncil.org.

CNHA office use only

Speaker Confirmed: _____ Date of Confirmation: _____

Date Client Contacted: _____ Contract Sent: _____