

NAMI Missouri
IN OUR OWN VOICE
SPEAKER FEE REQUEST FORM

MAIL TO: NAMI Missouri
ATTN: Alice Kliethermes
3405 West Truman Blvd., Suite 102
Jefferson City, MO 65109

PLEASE PRINT LEGIBLY & FILL OUT COMPLETELY

PRESENTATION INFORMATION:

DATE _____

NAME/ORGANIZATION _____

STREET _____

CITY/STATE/ZIP CODE _____

DATE OF PRESENTATION _____ **NUMBER IN AUDIENCE** _____

MAIL PAYMENT TO:

SPEAKER'S NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE NUMBER _____

AMOUNT TO BE PAID \$ _____

Note: Speaker fees are \$30 per presentation. The **Audience Evaluations & Presenter Report Form** must accompany this **Speaker Fee Request Form** to receive payment. Payments are processed twice a month, and may not be mailed out for up to a month after we receive your documentation. Thank you for your patience and understanding.

Internal Accounting Use Only Account: Education Expense/Public Class: SAMHSA Grant
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