



Dr. Deonna Taylor, Ed.D

Program Facilitator | Professional Speaker | Author | Consultant

SPEAKER REQUEST APPLICATION

Please type information inside the box and e-mail request form to speakingrequests@deonnamooretaylor.com. **All publications and marketing materials must be reviewed prior to official distribution.**

Today's Date

Name of Person Authorizing This Request

Name of Organization

Address of Organization (Including City & State)

Name of Contact Person

Phone Number and Email Address

Event Information

Type of Event



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Event Theme (Including Colors, Name, Etc.)

Event Address (if different from the requesting organization listed above)

City/State/Zip/Country

Event Date/Start Time & End Time

Speaker Arrival Time

Number of Anticipated Attendees

Special Parking Instructions for Speaker (if applicable)



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Address of Organization

City/State/ Zip/ Country

Honorarium/Payment Information

Honorarium Amount for Speaker

Honorarium Payment Process (please indicate when speaker will receive honorarium)

Method of Payment (Please Indicate)

Check PayPal Electronic

Travel Accommodations

Please put an X next to the accommodation/s that your organization will be responsible for (if applicable)

- Air Travel
- Mileage Allowance (Based on IRS rate)
- Hotel Stay
- Food Allowance (determined by organization)



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Registration/Ticket Fee's

Other: _____

Will the organization make travel accommodations?

Note: Speaker reserves the right to request travel for up to two people depending upon the need. If travel accommodations are made by the requesting organization, all reservations must be approved by speaker or designated representative prior to booking.

Selling of Products and Goods

Will the speaker be allowed to sell books and products?

If yes, DMT Team requests that one standard size table be provided with two chairs. Break down and set up will be the responsibility of your organization. In addition, DMT Team may need assistance with retrieving books and set up for book signing upon request.

Other/Comments Please use this space to express any questions or concerns shared by the requesting organization.

Thank you in advance for your request. Your request will be carefully reviewed, and you will be notified of the decision within 3-5 business days from the date of submission. Please send an email to info@deonnataylor.com with any questions. Please make check/money order payable to Dempsey Consulting Group. Please contact directly for EFT/electronic payment information. **Any publications and marketing materials must be reviewed and approved by members of DMT Team prior to official distribution.**

We look forward to doing business with you. Thank you for considering Dr. Deonna Taylor for your event!



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For Office Use Only

DMT Team has:

AGREED to participate in the event listed on this request form.

DECLINED to participate in the event listed on this request form due to the following reason/s:

DMT Team has:

AGREED to the conditions outlined in this request form.

AGREED to the conditions outlined in this request form with the exception of:

Request Approval/Denial Status

Approval date:

Denial date:

Contact person and info to where approved/denied request form was sent:

Date letter/response sent:

Name of Representative approving/denying the request:

Other Information/Notes: