

— SPEAKER REQUEST —

KAREN E. JACKSON

Founder, Sisters Network® Inc

31-year, 4-time Breast Cancer Survivor/Thrivers

National Breast Cancer Advocate

Author: *In the Company of My Sisters: "My Story, My Truth"*

THANK YOU

for contacting Sisters Network® Inc.

Please submit speaker request at least 60 days prior to your event.

Please complete the Speaker Request Form (writable pdf)
and email to: infonet@sistersnetworkinc.org

Event Name: _____

Date: _____ Time: _____

Virtual: In-Person Hybrid Teams
 Webex or Zoom

TYPE OF PRESENTATION

Topic: _____

Venue Information: _____

Length of Presentation: _____ Estimated Audience size: _____

Keynote Speaker Featured Speaker Panelist

Supporting Materials Needed _____

Powerpoint Video

Would you like Mrs. Jackson to do a book signing? Yes No Not Sure

Company/Organization: _____

Contact Person: _____

Email: _____ Phone: _____

SPEAKER FEE REQUIREMENTS *(depending on audience size, speaking timeframe)*

Keynote Speaker Fee: \$ _____

Featured Speaker Fee: \$ _____

Panelist Fee: \$ _____

Honorarium: \$ _____

HOTEL/TRAVEL ARRANGEMENTS:

Preferred Airline: United Airlines

Preferred Car Service: Blacklane Car Service

Preferred Hotels: Marriott and Hilton

