



Cooperative Extension of Ocean County
 Extension Center
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njaes.rutgers.edu/extension
 732-349-1227 4-H
 732-349-1246 Agriculture
 732-505-3671 Environmental Resource Management
 732-349-1247 FCHS, SNAP-Ed
 732-349-1152 Fisheries/Aquaculture
 732-349-1245 Rutgers Master Gardeners
 732-505-8941 Fax

Office Use Only	
Date	
Speaker	
Confirmed	

MASTER GARDENERS OF OCEAN COUNTY SPEAKER'S BUREAU REQUEST

Date Requested 1 st Choice: _____ 2 nd Choice: _____ 3 rd Choice: _____	Speaker's Start Time: Program Duration: <input type="checkbox"/> ½ hr <input type="checkbox"/> 1 hr Number Attending: _____
Topic Requested: 1 st Choice _____ 2 nd Choice _____	
Equipment Available for Speaker's Use: <input type="checkbox"/> Screen <input type="checkbox"/> Extension Cord <input type="checkbox"/> Table <input type="checkbox"/> Mic <input type="checkbox"/> Projector	
Organization/Group: _____	
Location (Address): _____	
Directions from Ag Center (use back of page if necessary):	
Contact Person: Mailing Address: _____	Position: Home Phone: Cell Phone: Email: Best time to call: _____
Comments:	

The Master Gardener Speakers will arrive 30 minutes before the start time and will depart 30 minutes after his or her program is finished. It is understood that if an emergency occurs and the Speaker becomes unavailable, a substitute speaker or alternative date will be arranged.

Rutgers Cooperative Extension educational programs are offered to all without regard to race, religion, color, national origin, ancestry, age, sex, sexual orientation, gender identity and expression, disability, atypical hereditary cellular or blood trait, marital status, civil union status, domestic partnership status, military service, veteran status, and any other category protected by law.

Signatures:
 Steve Yergeau
 County Agent III/Assistant Professor

Signatures: _____
 Authorized Representative of Requesting Organization
 Date: _____

PLEASE COMPLETE, SIGN AND RETURN AS SOON AS POSSIBLE.

_____ Date

THE _____
Name of Agency, Organization, Club or Group

_____ Address Town Zip

TO SPEAK ABOUT _____
Title of Program/Presentation

ON _____
Day Date Time

AT _____
Location Name

_____ Address

APPROXIMATELY _____ PERSONS ARE EXPECTED TO ATTEND.

It is understood that if any emergency occurs and the requested individual cannot be available, a substitute speaker or alternate date will be arranged, if possible.

We understand that Rutgers Cooperative Extension can provide “no assistance” to organizations which discriminate on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, civil union status, domestic partnership status, religion, sexual orientation, gender identity and expression, atypical hereditary cellular or blood trait, genetic information, military service, veteran status, political beliefs, reprisal, and any other category protected by law or because all or part of an individual’s income is derived from any public assistance program. *(Not all prohibited bases apply to all programs.)*

Our organization does not follow any discriminatory practices based on the protected categories listed above. *(Not all prohibited bases apply to all programs.)*

Further, we understand that Rutgers Cooperative Extension may not provide “significant assistance” to any organization or group that excludes any person from membership or participation on the basis of gender.

Membership and/or participation in our organization is:
Restricted to males Restricted to females
Does not restrict males or females

Our facility is Americans with Disabilities Act (ADA) accessible Yes No

If no, to ensure participation in Extension programs, I/we will work with the appropriate Extension staff member to provide accommodations.

_____ PRINT NAME TITLE SIGN DATE

_____ ADDRESS DAYTIME PHONE