



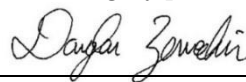
Office Use Only	
Date	
Speaker	
Confirmed	

RUTGERS MASTER GARDENERS OF OCEAN COUNTY SPEAKERS' BUREAU REQUEST FORM 2025

Date Requested 1 st Choice: _____ 2 nd Choice: _____ 3 rd Choice: _____	Speaker's Start Time: Program Duration: <input type="checkbox"/> 30 min <input type="checkbox"/> 45 min <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"/> Table <input type="checkbox"/> Extension Cord <input type="checkbox"/> Mic <input type="checkbox"/> Projector <input type="checkbox"/> Computer	
Organization/Group:	
Location (Address):	
Contact Person:	Best time to call:
Position:	Phone:
E-mail:	
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. **Honorarium should be made payable to "Rutgers, The State University of NJ" with Speakers Bureau written in memo area.**

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: 
 Doug Zemeckis

Signatures: _____

County Agent III/ Assistant Professor

Authorized Representative of Requesting Organization

Date: _____

Please complete waiver on other side.

RUTGERS MASTER GARDENERS OF OCEAN COUNTY SPEAKERS' BUREAU WAIVER

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. (Minimum of 10 people)

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: (PLEASE CIRCLE ONE)

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

POSITION

SIGN

DATE

ADDRESS

DAYTIME PHONE

PLEASE COMPLETE, SIGN AND RETURN AS SOON AS POSSIBLE.