



DR. YULANDER HOLMES-TAYLOR, ND
Board Certified with The American Association of Drugless Practitioners
Consultant, CHAP. ART. HHP. RMT

SPEAKER REQUEST FORM

Organization/Company Name: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

Website (if applicable): _____

Event Name: _____

Event Date and Time:

Presentation Format (e.g., keynote, workshop, panel discussion): _____

Event Location (Venue/Online): _____

Event Details Topic: _____

Desired Length of Presentation: _____ Expected Audience Size:

Audience Profile (e.g., demographics, interests): _____

For language preference, if audience requires languages other than English, the requestor must provide an interpreter.

Equipment Available: _____
(e.g., microphone, projector, screen): AV/Technical Support Available:

Presentation Setup Time: _____ Dress Code: _____

Additional Comments/Requests: _____

SUBMIT REQUEST BY MAIL OR EMAIL

6710 Spring Stuebner Road STE: 709 #154 Spring, Texas 77389

Contact: 281-865-14-89 Email: HolisticallyYou@yahoo.com

Website: HolisticallyYou.org



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