



NOTE: Please submit at least sixty (60) days prior to your desired program date. You will receive a confirmation letter including the speaker, program, date, time and payment details. **Payment is NOT needed at this time.**

What program are you requesting and when?

Speaker: _____

Program: _____

Date: _____ Time: _____

Sponsoring Organization: _____

Program Location: _____
(Building)

Complete Address of Organization: _____

Address: _____

County: _____

Program Coordinator Name: _____

Estimated Size of Audience: _____
(Minimum of 15 for small organizations and 25 for large)

Phone: _____ Fax: _____

Please Check Your Organization's Category:
Non-Profit, annual budget less than \$50 thousand: _____
Non-Profit, annual budget more than \$50 thousand: _____
For-Profit: _____

Email: _____

Alternative Date and Time of Program: _____
Time: _____

Have you partnered with MHC or had an MHC grant in the Date:
last five years? _____

What is the intended audience for this program (general adult, families, students, etc.)?

Who are your co-sponsoring organizations (if any)?

Please tell us how you plan to publicize the program and how you will invite participants to attend.

Please be advised that attendees will be required to complete a brief evaluation form following your program.

SUBMIT THIS FORM TO: Missouri Humanities Council. For questions contact Mark Livengood at
(816) 802-6566 or mark@mohumanities.org.
You can mail to ▪ Missouri Humanities Council, 1800 Baltimore, 1S, Kansas City, MO 64108