



Inquiring Mind Program Application

BOOKING ORGANIZATION INFORMATION

Organization Name: _____

Program Coordinator: _____

Work Phone: _____ Other Phone: _____

Mailing Address: _____

City: _____ Zip Code: _____ Email: _____

Estimated Cost of Speaker Travel: \$ _____

It is the responsibility of the **booking organization** to:

- Fill out the Program Application form and submit it to Humanities Washington at least 8 weeks prior to the program date.
- Publicize event as an Inquiring Mind presentation through press releases, fliers, and printed programs.
- Reimburse the speaker for their travel expenses within three weeks of receiving the reimbursement request.
- Recognize the support of Humanities Washington and the Washington State Legislature by using the introduction script provided

REQUESTED PRESENTATION INFORMATION

Speaker's Name: _____

Speaker's Program Title: _____

Program Date: _____ Program Time: _____

Program Location: _____

Congressional District: _____ Legislative District: _____

(see apps.leg.wa.gov/districtfinder to find your district)