

In order to better serve members of the community, Islamic Social Services Association Inc. has established the following Speaker Request Application. Due to the growing number of requests received by ISSA, it is necessary that the following application be completed in its entirety before being submitted. Please submit the application at least one month prior to the request date, as processing the application may take up to two weeks. We pray for the success of your program. Send completed applications to the address at the bottom of this form.

## Speaker Request Application

**Requested Speaker: Shahina Siddiqui**

**Today's Date:** \_\_\_\_\_

### **Event Information**

Date of Event: \_\_\_\_\_

Time(s) of Event: \_\_\_\_\_

Approximate Duration of Speech/Event: \_\_\_\_\_

Location of Event: City \_\_\_\_\_ Province \_\_\_\_\_

Deadline Date for Response: \_\_\_\_\_

### **Speech Information**

Topic: \_\_\_\_\_

Events: \_\_\_\_\_

Event Theme: \_\_\_\_\_

Event Format: \_\_\_\_\_

- \_\_\_\_\_ Panel\*
- \_\_\_\_\_ Roundtable\*
- \_\_\_\_\_ Speech
- \_\_\_\_\_ Question and Answer
- \_\_\_\_\_ Seminar
- \_\_\_\_\_ Workshop
- \_\_\_\_\_ Other (please be specific) \_\_\_\_\_

\*If Panel or Roundtable, please list other invited participants, their affiliations and topics of speech.

**Contact Information**

Sponsoring Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Point of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Media & Audience**

Approximate Size of Audience: \_\_\_\_\_

Audience Composition (ie. Age, religion, number of attendees): \_\_\_\_\_

Please give a brief and clear description of the audience: \_\_\_\_\_

Will any media be at the event? If yes, please specify:

**Transportation & Arrival Information**

Transportation between cities/provinces:

Transportation to and from Airport:



Name(s)/Phone Number(s) of Speaker Escort:

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Location of event:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Room: \_\_\_\_\_

Location of accommodations:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Room (if available): \_\_\_\_\_

Check-in and Check-out Times: \_\_\_\_\_

**Other necessary information:**

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Please send completed applications to:

**By Mail:**

Shahina Siddiqui  
P.O. Box 21010  
RPO Charleswood  
Winnipeg, Manitoba  
R3R 3R2

**By Email to:**

[info@issacanada.com](mailto:info@issacanada.com)

Fee Schedule Available  
Upon Request

For any video or audio  
recording of session, please  
obtain prior permission.