

# VANCOUVER HOLOCAUST EDUCATION CENTRE

## OUTREACH SPEAKER REQUEST FORM

*Please print all requested information*

For more information about the VHEC's Outreach Speaker program, please visit: [www.vhec.org/outreach.html](http://www.vhec.org/outreach.html)

### CONTACT INFORMATION

Teacher/ Contact Name \_\_\_\_\_

School/ Group \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### PROGRAM INFORMATION

Location of program (e.g. class room, school auditorium or other site) \_\_\_\_\_

Number of students \_\_\_\_\_

Subject & grade \_\_\_\_\_

Please list possible dates and times for consideration

	Date	Time
#1	_____	_____
#2	_____	_____
#3	_____	_____

Is there any other information/ special request that you would like us to know?

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PLEASE RETURN THIS FORM TO:

Vancouver Holocaust Education Centre  
50-950 41st Avenue, Vancouver BC, V5Z 2N7 Canada | f. 604 264 0497 | [info@vhec.org](mailto:info@vhec.org)  
For more information, please call 604 264 0499.