

**PLEASE COMPLETE, SIGN AND RETURN AS SOON AS POSSIBLE.**

\_\_\_\_\_  
Date

THE \_\_\_\_\_  
Name of Agency, Organization, Club or Group

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

WISHES \_\_\_\_\_  
RCE Faculty/Staff

TO SPEAK ABOUT \_\_\_\_\_  
Title of Program/Presentation

ON \_\_\_\_\_  
Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

AT \_\_\_\_\_  
Location Name

\_\_\_\_\_  
Address

APPROXIMATELY \_\_\_\_\_ PERSONS ARE EXPECTED TO ATTEND.

It is understood that if any emergency occurs and the requested individual cannot be available, a substitute speaker or alternate date will be arranged, if possible.

We understand that Rutgers Cooperative Extension can provide "no assistance" to organizations which discriminate on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, civil union status, domestic partnership status, religion, sexual orientation, gender identity and expression, atypical hereditary cellular or blood trait, genetic information, military service, veteran status, political beliefs, reprisal, and any other category protected by law or because all or part of an individual's income is derived from any public assistance program. *(Not all prohibited bases apply to all programs.)*

Our organization does not follow any discriminatory practices based on the protected categories listed above. *(Not all prohibited bases apply to all programs.)*

Further, we understand that Rutgers Cooperative Extension may not provide "significant assistance" to any organization or group that excludes any person from membership or participation on the basis of gender.

Membership and/or participation in our organization is:

\_\_\_\_ Restricted to males    \_\_\_\_ Restricted to females  
\_\_\_\_ Does not restrict males or females

Our facility is Americans with Disabilities Act (ADA) accessible \_\_\_\_ Yes \_\_\_\_ No

If no, to ensure participation in Extension programs, I/we will work with the appropriate Extension staff member to provide accommodations.

\_\_\_\_\_  
PRINT NAME TITLE SIGN DATE

\_\_\_\_\_  
ADDRESS DAYTIME PHONE