PRESIDENTIAL SPEAKER REQUEST FORM

Please return to president@ttuhsc.edu

To confirm availability, this request is due no later than *four weeks* prior to event.

EVENT DATE:	_START TIME:	END TIME:			
EVENT NAME:					
ORGANIZATION HOLDING EVENT:					
HAS THE PRESIDENT ADDRESSED THIS GROUP OF YES NO IF YES, WHEN?	ORGANIZATION IN THE P	AST?			
EVENT/ORGANIZATION WEBSITE:					
EVENT BACKGROUND (ATTACH ADDITIONAL SHEETS IF NECESSARY):					
ORGANIZATION BACKGROUND (ATTACH ADDITIO	ONAL SHEETS IF NECESSAR	Y):			
EVENT LOCATION:					
ROOM:					
ADDRESS:					
LOCATION TELEPHONE:					
WHO WILL GREET THE PRESIDENT:	MOBILE #:				
PARKING:					
SEATING:					

PRIMARY CONTACT(S)				
NAME:				
TITLE:				
ASSISTANTS:				
OFFICE TELEPHON	NE:			
MOBILE #:				
ATTIRE				
CASUAL	BUSINESS	COCKTAI	L	BLACK TIE
AUDIENCE				
EXPECTED NUMB	MBER IN ATTENDANCE: (RSVP LIST DUE 2 DAYS PRIOR TO EVENT)			
PLEASE ANY LIST	ELECTED OFFICIALS A	ND VIPs:		
REMARKS (REQUESTED T	OPIC OF PRESIDENT'S	S REMARKS):		
SUGGESTED LENGTH OF I	REMARKS:			
BRIEF	5 MIN	10 – 20 MIN	OTHER	
WHO WILL INTRODUCE T	_			
PLEASE ATTACH BIO OF II	NDIVIDUAL INTRODU	CING THE PRESIDENT		
PLEASE ATTACH THE EVE	NT AGENDA			