Speaker Request Form

Father Tadeusz (Tad) Pacholczyk, Ph.D.

Name of Inviting Group: _____

Event Coordinator Name: _____

Event Coordinator Email: _____

Event Coordinator Phone: _____

Billing Contact Person: _____

Billing Contact Email: _____

Billing Contact Phone: _____

Billing Contract Address: _____

Event Location: _____

Preferred Arrival Airport: _____

1st Choice Event Date & Time: _____

2nd Choice Event Date & Time: _____

3rd Choice Event Date & Time: _____

Presentation Topic(s): _____

If other, please describe: _____

Length of presentation(s): _____

Length of Q&A (if any): _____

Anticipated Audience #'s: _____

Will the event be open to the public: _____**Yes;** _____**No this is a private event**

Who else is speaking at same event: _____

Other Information: _____