



Office of the President
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Request for Speaker Form

Part I

Thank you for your interest in our Speaker's Bureau. Please take a few minutes to answer the following questions to help us fully understand your organization and the nature of the services you are requesting.

Requestor's Name: _____

Title: _____

Institution/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Purpose/Topic/Description of Event: _____

Amount of time allocated to speaker for lecture/presentation: _____

Is the speaker expected to attend events before or after the presentation? If so, please describe:

(1) Date(s) Requested: _____ Start Time: _____ End time _____

(2) Date(s) Requested: _____ Start Time: _____ End time _____

(3) Date(s) Requested: _____ Start Time: _____ End time _____

Request for Speaker Form

Part II

Event Location: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Building: _____ Room #: _____

Describe Room Set-up: _____

Audio/Visual Equipment Available: Laptop? _____ Projector? _____ Screen? _____

Audience Profile:

Number of People Expected/Attending: _____

Adults: # Parents _____ #Educators _____ # Chaperones _____

Students: # Grades 6 _____ 7 _____ 8 _____

#Grades 9 _____ 10 _____

#Grades 11 _____ 12 _____

Is attendance/participation voluntary? _____ mandatory? _____

Is there any other information we should know? _____

Please return to: DrWilliams@CollegeStudentDevelopment.com at least two weeks before the event.