

FACULTY SPEAKER REQUEST FORM

Club/Group Name _____

Date of Event: (Please make request at least 12 weeks ahead of event.)

1st choice _____

2nd choice _____

3rd choice _____

Faculty speaker requested V H H) D F X O W \ 6 S H D N H U 3 U R J U D P E U R F K X U H

1st choice _____

2nd choice _____

3rd choice _____

Type of Event _____
(e.g., May Day, Annual Meeting, Fall event, etc.)

Event Location _____

Event Time _____

Estimated Attendance _____

Name of person submitting request form

Date

Questions " H clubs@brynmawr.edu

Submit form to Alumnae Relations Office:
Scan and email clubs@brynmawr.edu
Fax: 610-526-5228