

**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 (see Faculty Speaker Program brochure for available speakers):**

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? email [clubs@brynmawr.edu](mailto:clubs@brynmawr.edu)

**Submit form to Alumnae Relations Office:**

Scan and email to [clubs@brynmawr.edu](mailto:clubs@brynmawr.edu)

Fax: 610-526-5228