

AAVC Speaker Request Form

Date of Request:

Club / Class / Affiliate Group:

Your Name:

E-mail:

Telephone: (home)

(work)

(fax)

Program Information

Choose One:

We have a specific DATE in mind:

We have a specific MONTH in mind:

We will accept a speaker any time:

We prefer a program of the following TYPE: (check all that apply)

Luncheon/talk:

Dinner/talk:

Evening Program:

Morning Program:

Afternoon Program:

Other:

Specific Topic Request

Please list, in order of preference, the topics in which your group is most interested:

1.

2.

3.

Specific Faculty Speaker Request

Please list, in order of preference, the faculty speaker your group wishes to host:

1.

2.

3.

Program Cost

Our group is willing to pay \$ _____ toward the speaker's expenses.

Our group is willing to provide the following additional support/service to the speaker:

I have read and understand the speaker request guidelines and the protocol for speaker relations. I recognize the items defined as "responsibilities" and attest to my group's willingness to comply:

X

*Please return completed forms to: AAVC, Assistant Director Regional Programs
Alumnae House, 161 College Ave. Poughkeepsie, NY 12603-2804
Fax: 845-437-7425*