



SPEAKING ENGAGEMENT REQUEST FORM

GROUP INFORMATION

Group/Company/Agency/Department

Contact Name

Address

Position/Title

Phone Number

Email Address

EVENT INFORMATION

Event Day, Date, and Time

Anticipated length of Event

Venue Name & Address

PROGRAM INFORMATION

Theme or Direction for speech

Length of Speech _____

Printed Program _____

(yes or no) If yes, please provide a copy prior to event

Will there be additional speakers? (If so, please list below)

Please send completed form to Amber Clark, Director of Administration at arclark@lit.edu

OFFICE USE

1. Date of

Request: _____

2. Date speaker was

confirmed: _____

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM