

SPEAKER REQUEST FORM

This form is for requests from Ohio State alumni clubs and societies only. Unfortunately, we cannot assist with requests from outside groups.

Group Name: _____

Event Coordinator's Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Day Phone: _____

E-Mail: _____

1. Our groups choices for a speaker are (in order of preference):

- a. _____
- b. _____
- c. _____
- d. _____

2. Our groups choices for a meeting date are (in order of preference):

- a. _____
- b. _____
- c. _____
- d. _____

3. Name of last university speaker: _____

4. Date of last group meeting: _____

5. Our group:

- WILL use Outreach and Engagement printing and mailing services.
- WILL NOT use Outreach and Engagement printing and mailing services.

6. In an effort to meet your group's request for a high profile speaker, would you consider having a regional meeting?

- Yes
- No

Please indicate nearby counties and/or cities.

Fax this request to Kimberly Lowe at: 614-688-4220