University of St. Thomas
Speaker Request

Please note that all requests must be submitted 3 weeks prior to your event

Organization Name _____

Contact Person _____ Date _____

Email _____ Phone Number _____

Proposed Date of Event _____ Time _____

Location of Event/Space requested on campus _____

Purpose of speaker (i.e. meeting, program, etc.) _____

Proposed Speaker's Information:

Name _____

Phone Number _____

Email _____

Website _____

Brief Biography (attach resume or additional information if necessary):

_____

_____

_____

_____

FOR OFFICE USE ONLY:

Received by Campus Life _____ Date _____

Approved YES NO Date _____