

Dr. Cheryl Green  
**Request for Program/Event Participation**

**PROGRAM/EVENT INFORMATION:**

**Date of Program:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ AM | PM **End Time:** \_\_\_\_\_ AM | PM

**EVENT TITLE:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Event Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Description of Event:**

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**Who will be presenting at this program/event (attach a copy of agenda):**

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**Who is bringing the group to campus?**

A.) Internal Hosting Office: \_\_\_\_\_

B.) External Group/Attendees: \_\_\_\_\_

**SPEAKER INFORMATION:**

**Expected Arrival Time:** \_\_\_\_\_ AM | PM **Speaker Start Time:** \_\_\_\_\_ AM | PM

**Expected Length of Speech:** \_\_\_\_\_ Minutes

**Expected Speaking Points:**

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**Audience Type:** \_\_\_\_\_ **Attendance expected:** \_\_\_\_\_  
(ie, students, staff, community)

**Additional Expectations:**

Stay for entire program/event     Leave after speaking     Your choice

Any other details we should be aware of?

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