

PHI KAPPA PHI

SPEAKER REQUEST FORM

Please complete this form and email to Society Executive Director Dr. Mary Todd at mtodd@phikappaphi.org. This request must be submitted 90 days prior to your event. Please note there is no fee associated with hosting a Society representative at a speaking engagement, however, chapter assistance with expenses is welcome. The national office will attempt to accommodate all requests, but cannot guarantee each request will be granted.

CHAPTER INFORMATION

CHAPTER _____ PRIMARY CONTACT _____

PHONE _____
office cell EMAIL _____

DATE OF MOST RECENT CHAPTER EVENT WITH A REPRESENTATIVE FROM BOARD OF DIRECTORS OR NATIONAL OFFICE AS A SPEAKER _____
(Chapters may host a national speaker no more than once a biennium.)

EVENT INFORMATION

TYPE OF EVENT *(installation, initiation, etc.)* _____

DOES THIS EVENT COMMEMORATE A CHAPTER ANNIVERSARY? Yes No IF YES, DETAILS: _____

DATE OF EVENT _____ TIME OF EVENT _____

LOCATION _____
city state ZIP BUILDING OR ROOM _____

EXPECTED AUDIENCE SIZE _____ DRESS CODE *(Is academic regalia required for speaker?)* _____

WILL MEDIA ATTEND EVENT? Yes No WILL EVENT BE TAPED? Yes No WILL A RECEPTION FOLLOW EVENT? Yes No

IF YES, PLEASE INCLUDE RECEPTION DETAILS: _____

SPEAKER INFORMATION

REQUESTED SPEAKER *(If a preferred speaker is desired.)* _____

PRESENTATION FORMAT *(keynote, welcome, panel discussion)* _____

SPEAKER START TIME _____ LENGTH OF REMARKS _____ Q&A INCLUDED? Yes No

AVAILABLE EQUIPMENT *(Check all that apply.)* Lavalier or lapel microphone Podium LCD Projector Computer with Presentation Software

SPEAKER BIO NEEDED? Yes No SPEAKER PHOTO NEEDED? Yes No

LOGISTICS

NEAREST AIRPORT _____ AIRPORT DISTANCE FROM CAMPUS _____

RECOMMENDED LODGING ACCOMMODATIONS _____

LODGING DISTANCE FROM CAMPUS _____

ADDITIONAL NOTES TO CLARIFY REQUEST