



COLLEGE OF COASTAL GEORGIA SPEAKER REQUEST FORM

Name or Organization

Contact Representative Information

Name:

Address:

City, State, ZIP:

Business Number:

Home Number:

Email:

Location of Meeting:

Event Date and Time:

Subject and Speaker Desired (In order of preference)

1.

2.

3.

Type of Function (Check appropriate box)

Luncheon Dinner Business Meeting

Audience (Check appropriate box)

Male Female Male and Female

Audience size
(15 person minimum)

15 – 25 26 – 50 51-75 76-100 Other

Additional Remarks:

Have you used our
services before?

Yes No

If yes, when and what
speaker was used?

Signature

Date

Please submit your request at least 2 weeks in advance.