GUEST SPEAKER REQUEST FORM

This form is to be used for instructors requesting a guest speaker for their class. The instructor must be present during the guest speaker visit. Guest speakers are not paid for their presentations.

Name of Instructor: ____________________________________________________________

Name of Guest Speaker: _______________________________________________________

Phone Number: ___________________  Email: ________________________________

Occupation of Guest Speaker: ________________________________________________

Course Number/Title: _________________________________________________________

Class Meeting Days: ___________________  Class Meeting Time: ________________

Date of Request for Speaker: ______________________

Location: _________________________________________________________________

Topic of Discussion: ________________________________________________________

__________________________________________

Special Equipment/AV Materials Needed: ______________________________________

__________________________________________

Parking Permit Needed:  yes ____  no ____  If yes, which parking lot? _______________

Instructor ______________________________  Dean, Extended Education

Submit completed form within 2 weeks of scheduled presentation to one of the Extended Education campuses (Tehama, Trinity, or Intermountain) or the ITV office.