Office of the President Palo Alto College **Speaking Request**

Name of Event	Date of Event:	Location of Event			
Type of Request:(check all that apply)					
Attend	Keynote	Presentation			
Speak	Panel	Other:			
Invited	Roundtable				
Topic:					
Overview and Purpose	of Event:				
Speaking Reque Audience Description:	st		Expected Audience Size:		
			Speech Length:		
(i.e. Community Group, Edu	cators, Students (K-12)		Start Time - End Time		
Focus areas to include	if providing remarks:	Talking Points:			
		Point a, point b, point c			
Background Informatio	n	Other Guests Atten	ding:		

Form Completed by:

Requestor Name:	Requestor Title:	Phone:
Email:	Date:	
Event (on-site) Contact:		
Name:	Phone:	Email:

Event Logistics Information

Attire:	Assigned Seating?		Will this be recorded?	
	Yes	No	Yes	No

if other, please specify:

Parking details:

(i.e. self, valet, garage, location)

