Guest Speaker Request Form

Requestor Contact Information

Name: _______________________________

Company, Organization or Affiliation: _____________________________________________________

Professional Title: _______________________________

E-Mail Address: ___________________________ Phone No.: ___________________________

Event Information

Event Name: ___________________________________________ Date of Event: ___________________

Event Theme: __________________________________________

Provide detailed description of the event:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Organization or Event Website: ______________________________________________

Contact person to coordinate details with:
 Same as above
 Different from above (please indicate): __________________________________________

Audience description: ______________________________________________________
Expected audience size: ___________________ Will media be invited?: Yes No

Speaker Details – Speaker acceptance?decline response required by: ________________
What additional role(s) will the speaker be expected to play?: _______________________
Length of expected participation: __________________

Please indicate materials the will need to be provided (Photo, Bio, etc.): ___________________________

Submit to:
Cornell University ILR
Workplace Health & Safety Programs
237 Main Street, Ste. 1200
Buffalo, NY 14203-2719
P. (716) 852-4191 | F. (716) 852-3802 | E. njb7@cornell.edu

www.ilr.cornell.edu/healthsafety.html