



SPEAKER REQUEST FORM

Organization: _____

Contact person: _____ Phone: _____

Email Address: _____

Alternative contact person: _____ Phone: _____

Email Address: _____

Requested date of appearance: _____ Requested time: _____

Type of Event Planned: _____

Number attending: _____ Age/Grade if applicable: _____

Event Location: _____

Event Address: _____

Speaker Topics:

_____ Book Talk/Suggested Reads

_____ Database Resources

_____ Early Literacy

_____ Genealogy Resources

_____ 21st Century Library

_____ Library Careers

_____ Library System History

_____ STEAM/STEM

_____ Technology Resources

_____ Other (explain) _____

Do you have a particular speaker in mind? _____

Issues/Concerns we should know: _____

Two weeks is required when making request.

Speaker Request Confirmed by Staff: _____ Date: _____

To request a speaker, please submit this completed form to tcplevents@tusclibrary.org.

Thank you — a staff member will be in contact with you as soon as possible.