Speaker Request Form for Extension Office Personnel

Requestor Name: __________________________________________________________

Organization Name: ______________________________________________________

Phone Number: __________________________ Email Address: __________________________

Address: __________________________ City: __________________________ Zip: __________

**Location of Event**

Address: __________________________ City: __________________________ Zip: __________

County: __________________________

**Event Details**

Type of Event: __________________________________________________________

What do you expect your participants to do or learn at this event?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date(s) of Event: __________________________

Time Requested: __________________________ (Include set-up/clean-up)

# of Participants: __________________________ Age or Grade Level of Participants __________________________

Audio/Video Request: ______________________________________________________

Signature of person requesting speaker: ______________________________________

Date: __________________________

* For best success please submit request to uge1117@uga.edu 3-6 months in advance of Event Date*