



UNIVERSITY OF GEORGIA

EXTENSION

Forsyth County

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 focoextension-5110@uga.edu 3-6 months in advance of Event Date***