

UBKVWNY Speakers Bureau Speaker Request

Your Information:

Name

School

School District

City

State

Zip

Phone

Fax

Email address

Requested Speaker:

Name _____

Possible dates (please select three different date/time combinations to allow for the speaker's schedule):

Option 1:

Option 2:

Option 3:

What topic would you like your speaker to discuss? _____

What grade level is this presentation for? _____

How long does the speaker have to present? _____

Please fax or email this form to Katie Biggie, (716) 829-3912 or kjbiggie@buffalo.edu.

