

CHECK LIST FOR SCHEDULING GUEST SPEAKERS/SEMINARS

Name/Home Address of Speaker

Invited by: _____

Phone # _____

Soc. Security # _____

Travel Expense/Honorarium (Yes ___ No ___) Amount \$ _____

Account # _____

Date of Engagement: _____ time of arrival: _____

Automobile Info for Guest Parking: Car Make/Model _____ **PLATE#** _____

Overnight Accommodations (Single or Double?) _____ Spouse name _____
and Date or Dates _____

Dining Service Needs.

Breakfast _____ Lunch _____ Dinner _____

Account # _____ to be charged.

Luncheon with students? Yes _____ or No _____

(thorne dining hall, Pinette DR) _____

Guest, faculty, students go thru line?

How Many? _____ Provide list of names.

Schedule Visits with Faculty Members (indicate time)

Sign-Up Sheet to be posted on Counter

SEMINAR: Friday, _____ **at 4:00 p.m.** _____
Month Day Time ROOM

TITLE OF SEMINAR TALK:

Special A/V requirements _____