



SPEAKER APPROVAL REQUEST FORM

This form must be completed by the person/group inviting a speaker or sponsoring an event with a speaker within the Diocese of Kalamazoo and submitted to the Office of Mission and Ministry for approval in advance of any binding agreement with speaker. **Forms may be submitted via email to: jherold@diokzoo.org.**

PERSON OR GROUP INVITING SPEAKER

Contact Person: _____

Address: _____ City/State Zip: _____

Primary Phone: _____ Email: _____

PROPOSED SPEAKER INFORMATION

Name: _____

Title/Position: _____

Topic(s) to be presented: _____

EVENT:

Name of Event: _____ Date of Event: _____

Location of Event: _____ Purpose of Event: _____

Main Audience of Event: _____

Speaker Qualifications for this event: _____

SUBMITTED BY:

Name: _____

Position: _____

Date Submitted: _____

DIOCESE OF KALAMAZOO OFFICE USE ONLY:

Date Request Received: _____

Date Approved: _____

Date Contact Person Notified: _____

Signature of Authorized Personnel: _____