



Office of the President
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DrWilliams@HigherEd.Life

Request for Event/Speaker Form

Thank you for your interest in our Community Outreach Initiatives. Please take a few minutes to answer the following questions to help us fully understand your organization and the nature of the services you are requesting.

Requestor's Name: _____

Title: _____

Institution/Organization: _____

Phone: _____ **Email:** _____

Purpose/ of Event: _____

Event/Topic Requested: _____

Amount of time allocated to speaker: _____

Date(s) Requested: _____ **Start Time:** _____ **End time** _____

Event Location: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Building: _____ **Room #:** _____

Describe Room Set-up: _____

Audio/Visual Equipment Available: Laptop? _____ Projector? _____ Screen? _____

Audience Profile: Number of People Expect to attend: _____

Adults: # Parents _____ #Educators _____ # Chaperones _____ #Other _____

Students: # Grades 9 _____ 10 _____ 11 _____ 12 _____ Other: _____

Is attendance/participation voluntary? _____ mandatory? _____

Please scan and return to: DrWilliams@HigherEd.Life at least two weeks before the event.