

Advancing THE WORLD OF Work



Cornell University
ILR School



Guest Speaker Request Form

Requestor Contact Information

Name: _____

Company, Organization or Affiliation: _____

Professional Title: _____

E-Mail Address: _____

Phone No.: _____

Event Information

Event Name: _____ Date of Event: _____

Event Theme: _____

Provide detailed description of the event:

Organization or Event Website: _____

Contact person to coordinate details with:

☐ Same as above

☐ Different from above (*please indicate*): _____

Audience description: _____

Expected audience size: _____ Will media be invited?: ☐ Yes ☐ No

Speaker Details – Speaker acceptance?decline response required by: _____

What additional role(s) will the speaker be expected to play?: _____

Length of expected participation: _____

Please indicate materials the will need to be provided (Photo, Bio, etc.): _____

Submit to:

Cornell University ILR
Workplace Health & Safety Programs
237 Main Street, Ste. 1200
Buffalo, NY 14203-2719

P. (716) 852-4191 | F. (716) 852-3802 | E. njb7@cornell.edu

www.ilr.cornell.edu/healthsafety.html