

EVENT FORM FOR NOEL SCHULZ

Name of Event: _____

Host Organization/Group: _____

Date of Request: _____ Is date flexible? _____

Start Time: _____ End Time: _____

Location Address: _____

City: _____ Phone at Location: _____

Person Making Request: _____

Contact Person: _____ Work Phone: _____

Cell Phone: _____ Email: _____ Fax: _____

Specify expectation of presentation: Speaker _____ Guest only _____

Welcome Yes _____ No _____ Length of speaking time: _____

Keynote Yes _____ No _____

Q&A Yes _____ No _____

Other Yes _____ No _____

Power point or speech _____

Audience _____

Number of Guests Expected: _____

Speech Topic/Comments: _____

Who will introduce the First Lady: _____

List any speakers before/after the First Lady _____

Expected dress code: _____

Meal Served: _____

List of other dignitaries/guests: _____

Your event will not be confirmed until our office has received the above form as well as an agenda or program.

Please send completed form to:

Dana Hastings
Office of the President
Kansas State University
Manhattan, KS 66505
785-532-6221