



Organization/ Account Name			Account #
Contact Person	Phone#	(xxx) xxx-xxxx	E-mail
BU ID#			

PROGRAM INFORMATION

Program Title	Date (MM/DD/YYYY)
Location	Time (HH:MM)

LECTURER INFORMATION

A confirmation letter will be sent out to the lecturer based on the information you provide. This form will not generate a contract.

Lecturer Name			Title
Address			
Department			
Street			
City	State	Zip	
Telephone	(xxx) xxx-xxxx		
Email			
Confirmation Letter to be	Mailed	E-Mailed	

President or Treasurer Signature _____	Name _____	Phone _____	Date _____
		(xxx) xxx-xxxx	
Adviser Signature _____	Name _____	Date _____	

AC	Verify Signature	POD	SAO	Business Office
Rec'd _____	AC Initials _____			
Input _____				