

## Lecture Presentation Form

### GUEST SPEAKER INFORMATION

(Please complete this form and return via email. Your quick attention to this will help as we plan for our schedule.) Lectures are Mondays at 2pm. *See note about fillable forms at the bottom of this form.*

Speaker's Name:

Presentation Date:

1. **Title** of presentation:

2. **Description** of Presentation:

3. Any Special **Equipment Needs**: Lectures are currently being held online through Zoom. A week before your presentation you will be contacted by our office to set up a practice session.

4. Short **Biography**: (Parts of this biography will be read as your introduction before your presentation.)

5. Speaker's **contact information**:

Address:

Email:

Phone:

6. Recording of Presentation: **CHECK ONE**

I hereby **DO** agree to have my presentation recorded in video and/or audio by Adventures in Lifelong Learning.

I hereby **DO NOT** agree to have my presentation recorded in video and/or audio by Adventures in Lifelong Learning.

7. **Speaker's signature**:

Date:

**NOTE ABOUT FILLABLE FORMS**: If you are using a fillable form, you must first download the form. Then, after you enter the information into the form, you must save it as a file on your computer or device before you can email it. If you don't follow these step your information will not be saved or sent properly.