SPEAKERS INFORMATION

FOR ALL PERSONS OUTSIDE THE DIOCESE OF MONTEREY (Page 1)

Instructions: This form is to be completed by the speaker and returned to the Parish or Organization sponsoring the event/conference.

Name of Speaker:		
Street Address:		
City, State ZIP:		
Phone # including area code:		
e-mail address:		
Supervisor/Accountable to:		_
Street Address:		_
City, State ZIP:		_
Phone # including area code:		_
e-mail address:		
Reference:		
Phone # including area code:		
Date of Presentation:		
Topic:		
Description:		
Outline of Presentation:		_
Catime of Fresentation.		_
		_
		_
		_
		_
		_
RETURN COMPLETED FORM TO:		
Parish or Organization:		_
Address:		_
City:		
Phone:	FAX:	

PARISH or ORGANIZATION INFORMATION (Page 2)

Instructions: This form is to be completed by the sponsoring department, parish or organization and returned to the Chancellor for approval no later than one month before the event/conference.

Date of Prese	entation:
Topic of Prese	entation:
Description of	f audience:
Requested b	
,	y:(Name of Parish/Department/Organization/Other)
Name of Org	anization Contact Person:(Print)
	(Signature of organization contact person)
Address:	(Street Address)
Phone # inclu	(City/State/ZIP) uding area code:
e-mail addres	s:
Approved by C	hancellor:
Signature:	
Date:	

RETURN BOTH COMPLETED FORMS TO:

Sister Patricia Murtagh, I.M. Chancellor Chancellor P.O. Box 2048 Monterey, CA 93940 Or FAX: 831-373-1175 Or e-mail: srpmurtagh@dioceseofmonterey.org