



SPEAKER REQUEST FORM

I. GENERAL INFORMATION

Contact Name: _____ Date of Inquiry: _____
Contact Phone Number (day) _____ (evening): _____
Contact E-Mail Address: _____ Organization/Parish: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Country (optional) Location of Event: _____
Nearest Airport: _____
Expected travel time from airport to event site: _____

II. SEMINAR INFORMATION

I am interested in (check one):

All Day Seminar Half day Seminar (weekdays only)

For half day seminar requests, check one: Morning Afternoon Evening

Which speaker would you like to conduct the Theology of the Body on-site program? (check one):

Christopher West Damon Owens Bill Donaghy Monica Ashour

If you are requesting a speaker to speak at a conference, please list other speakers who will be presenting:

Expected attendance at event: _____ Capacity that event venue can hold: _____

Please list date/month of interest in order of preference: (You can write specific dates or general requests like "any Saturday in March of next year")

1st preference _____ 2nd preference _____

3rd preference _____ 4th preference _____

Audience (check all that apply): College Students Adults Priests Catechists Teachers Other

III. ADDITIONAL INFORMATION (PLEASE CHECK YOUR ANSWER)

(1) Do you have pastor support for the event? Yes No

(2) Has Christopher West spoken to your organization/parish before? Yes No

(3) Are you advertising the event? _____ If so, how? _____

(4) Do you have diocesan support? _____ Archdiocese/Diocese: _____

(5) Additional comments:

PLEASE FAX COMPLETED FORM TO: (215) 302-8200

OR MAIL TO: THE THEOLOGY OF THE BODY INSTITUTE • 479 THOMAS JONES WAY, SUITE 100 • EXTON, PA • 19341

OR E-MAIL: CRIZZO@TOBINSTITUTE.ORG