CHBS YOUNG ALUMNI SPEAKER SERIES: NOMINATION FORM

Department Date

Nominee Name Graduation Date Address

Participation narrative: (describe the speaker, their special attributes, experiences and contributions.) Describe how their participation would promote the department, college and university.

Proposed schedule of events: (include scope of seminar and the interdisciplinary potential of the presentation):

Speaker Fee requested (Yes/No): Travel funds requested (Yes/No):

Amount Requested: Amount requested:

Departmental support provided (Yes/No):

Amount provided:

College support requested (Yes/No):

Amount requested:

*\*\*\*Individuals requesting reimbursement will be required to complete necessary documentation i.e., Independent Contractor form, W-9, etc.*