

SPEAKERS BUREAU REGISTRATION FORM

School Name: _____

Address: _____

Street Address City Prov. Postal Code

Teacher/Contact: _____

Telephone: _____ Fax: _____

Email Address: _____

Date(s): (Indicate 2 or 3) __/__/__

Arrival Time: _____

__/__/__

Departure Time: _____

__/__/__

Grade: _____ Number of Students: _____ (approximate number if unknown)

Location of Talk:

<input type="checkbox"/>	On Campus @ York University
<input type="checkbox"/>	Off Campus @ Your School/Location

TALKS REQUESTED (please indicate in boxes below how many talks requested.) (1hour duration)

One talk

Two talks

Three talks

1 st Choice	Title:	Start Time:
	Speaker:	End Time:
2 nd Choice	Title:	Start Time:
	Speaker:	End Time:
3 rd Choice	Title:	Start Time:
	Speaker:	End Time:
4 th Choice	Title:	Start Time:
	Speaker:	End Time:
5 th Choice	Title:	Start Time:
	Speaker:	End Time:

TOURS REQUESTED (30-45mins duration)

Observatory Tour <input type="checkbox"/>	Library Tour <input type="checkbox"/>	Laboratory Tour <input type="checkbox"/>	Campus Tour <input type="checkbox"/>
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Notes/Comments: