

Request a Speaker



SPEAKER REQUEST FORM

Date request submitted: _____

Contact Person: _____

Phone #: _____ Email: _____

Organization/Parish/Other: _____

Date of Event _____ Start Time _____ End Time _____
Month Day Year

Location of Event (please include full address)

Topic Requested _____ Length of Talk _____

AUDIENCE INFORMATION

Age Range: _____ Total Number Attending: _____

Additional Notes: _____

Materials Requested: _____

Speaker Requested (Please check)

- | | | | |
|---|--|--|--|
| <input type="radio"/> Cheryl Calire,
Executive Director | <input type="radio"/> Deacon Mike Ficorilli
Office of Life Ministries | <input type="radio"/> Olivia Giza, Coord.
Mother Teresa Home | <input type="radio"/> Deacon Tim Chriswell
Respect Life Issues |
| <input type="radio"/> Cheryl Zielen-Ersing &
Maren Lelonek,
Buffalo & Cheektowaga
St. Gianna Preg. Out. Center | <input type="radio"/> Anita, Cattaraugus
St. Gianna Preg. Out. Center | <input type="radio"/> Pat & Marlene
Chautauqua- St. Gianna
Preg. Outreach Center | <input type="radio"/> Cheryl Zielen-Ersing &
Maren Lelonek
Niagara - St. Gianna
Preg. Outreach Center |
| <input type="radio"/> Dr. Stan Bukowski
Assisted Suicide/End of Life | | | |

Any concerns or additional request?

We cannot guarantee that a speaker will be available on the date/s requested but we will try our best.

Speaker's signature: _____ Date signed: _____

Office of Life Ministries/Diocese of Buffalo