

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, Director | <input type="radio"/> Deacon Mike Dulak, Clergy,
Project Rachel | <input type="radio"/> Deacon Steve Schumer,
Clergy, Mother Teresa Home | <input type="radio"/> Deacon Ed Zablocki, Clergy,
Pro-Life Office |
| <input type="radio"/> Sarah Molitor, Assist. Coord.,
Mother Teresa Home | <input type="radio"/> Cheryl Zielen-Ersing, Coord.
St. Gianna Preg. Outreach
Center-Buffalo | <input type="radio"/> Pat/Marlene, St. Gianna Preg.
Outreach Center-Chautauqua | <input type="radio"/> Irene/Mary Ann & Chuck,
St. Gianna Preg. Outreach
Center-Niagara Falls |

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: _____

Pro-Life Office/Diocese of Buffalo

REV. 3-20-17