

SOUTHERN ILLINOIS LEARNING IN RETIREMENT

MONTHLY SPEAKER OR PROGRAM FORM

SILIR Committee Member
Coordinator:

Name and Title of Speaker: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Email: _____

Any other participants? _____

Title of presentation: _____

Date of presentation: _____

Short description of presentation for newsletter:

Short biography of speaker for newsletter:

Picture of speaker available? Yes No

Any AV or other materials needed for presentation that will not be provided by speaker?

Who is introducing the program? _____

Any additional information for the introduction?