

SZABIST

GUEST SPEAKER FACILITATION FORM

Event Date _____ Timing: From _____ to _____

Faculty Responsible for Organizing the Session _____

Course _____ Program/Section _____

Classroom/ Campus: _____

Guest Speaker Details:

Name of Speaker _____ Organization _____

Designation _____ Topic _____

Brief Detail of Guest and Course Relevance

Audio Visual Request

Multimedia Projector PC

Others _____

Any other Requirement _____

External Guests Invites: Yes (List to be attached for Admin)/ No

Requested by Student/Faculty
Date: _____

Program Manager Approval
Date: _____

Administration Department
Date: _____

Academic Department/Date

FOR OFFICE USE

___ Copy to relevant PM and deptts provided ___ Giveaway provided

___ Room assigned

___ Multimedia, mike, sound system provided, as required

Note: Faculty and relevant Program Manager will be responsible for the event.