

Title of Event:	Date of Event:					
Organization/Person Hosting Event:						
Location and Physical Address of Event:						
Parking Information for Event:						
Actual Start Time of Event:	Approximate End Time of Event:					
Contact Person for Event:						
Phone Number:	E-Mail Address:					
Cell Phone Number (in case of emergency the day of the event):						
Nature of Dr. Bowen's Appearance: Brid	ef Remarks Keynote Meet and Greet Other:					
Suggested subject matter for Dr. Bowen'	s remarks:					
1)						
2)						
3)						
Specific talking points Dr. Bowen should include in her remarks:						
1)						
2)						
3)						
Anticipated Number of Guests Attending	Event:					
Type of Guest Audience (Students, Faculty, Community, All Women, etc):						

[Note: a podium or stand is requested for Dr. Bowen's use when delivering her remarks]

Preferred Length of Dr. Bowe	n's Remarks:	10 minutes	20 minutes	30 minute	es [to include Q & A		
Starting Time for Remarks:			Ending Time for Remarks:				
Microphone Set-Up: Ha	ınd-held Lap	oel Other	:				
Additional Information Dr. Box	ven may find he	elpful when p	reparing for a	and/or atten	nding the event:		
Print Deadline for Promotional Materials (if applicable):							
Promotional Materials Reques	sted: Pho	oto Bio	Keynote	e Title	Other:		

Thank you for inviting Dr. Robin E. Bowen to your event. You will receive confirmation of her availability 2-3 weeks after submitting this form. Fax (479-890-6493) or email completed forms to Brittny Daubenheyer, Administrative Assistant to the President: bdaubenheyer1@atu.edu

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