

# SOAR

## Speaker Suggestion Form

**YES! I would like to suggest a speaker to join the SOAR faculty.**

|              |  |
|--------------|--|
| <b>DATE:</b> |  |
|--------------|--|

|   |  |        |  |
|---|--|--------|--|
| <b>YOUR CONTACT INFORMATION:</b>  |  |        |  |
| NAME:   |  |        |  |
| TELEPHONE:  |  | EMAIL: |  |
| Have you attended a presentation given by this speaker? Yes ___ No ___<br>If yes, what was the topic? |  |        |  |
|   |  |        |  |

|  |  |        |  |
|--|--|--------|--|
| <b>SPEAKER INFORMATION:</b>                          |  |        |  |
| NAME:  |  |        |  |
| ORGANIZATION:  |  |        |  |
| TELEPHONE:   |  | EMAIL: |  |
| What is the speaker's area of expertise or interest? |  |        |  |
|  |  |        |  |
| What else can you tell us about the speaker?         |  |        |  |
|  |  |        |  |

**Please return this form to:**  
**SOAR, c/o WSU Oakland Center, 33737 W. 12 Mile Rd., Farmington Hills, MI 48331**  
**Fax: 248-553-7733**  
**Email: [soarcontact@gmail.com](mailto:soarcontact@gmail.com)**

**The SOAR Curriculum Committee will consider this speaker as we prepare for an upcoming term. Thank you for your suggestion!**

|                             |          |        |        |          |
|-----------------------------|----------|--------|--------|----------|
| <b>FOR OFFICE USE ONLY:</b> |          |        |        |          |
| TO C.C.                     | T/U SENT | REVIEW | RESULT | F/U DONE |
|                             |          |        |        |          |

