

Presidential **Lecture Series**

Kansas State University

Request form

Contact information

Your name _____

Your title _____

School _____

Address _____

Phone number _____

E-mail address _____

About the group

Type of group _____

Size of group _____

Scheduling information

Date _____

Time _____

Alternate date _____

Requested topics and/or lecturers

Topics or speakers you'd like _____
