

Speaker Preliminary Invitation Form

About the Event

Event Title _____ Date _____

Description _____

Topic _____

Location _____

Target Audience _____ No. People _____

Event Planner _____

Contact Info _____

Immediate authority → Pastor School Board Catholic Health Other

Authorized by

Name:	_____
Contact:	_____
Signature:	_____

About the Speaker/Group

Speaker/Group Name _____

Resume/CV/Bio Attached

Contact Info _____

Website _____

Diocese of Speaker _____

Contact Info of Diocese _____

For Office Use Only

Yes No

Nihil Obstat

Bishop Vicar General Chancellor

Date _____