

NACADA Academic Advising Consultant & Speaker Service

SPEAKER REQUEST

INSTITUTION: _____

1. **CONTACT PERSON** _____
POSITION _____
ADDRESS _____
PHONE _____ **FAX** _____
E-MAIL _____
INSTITUTION TYPE _____ **INSTITUTION SIZE** _____

The following are example content areas that our speakers would be able to cover.

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|--|---|
| <input type="checkbox"/> Advising Handbooks | <input type="checkbox"/> External Review |
| <input type="checkbox"/> Advising Program Review | <input type="checkbox"/> Evaluation/Assessment of Advising and Programs |
| <input type="checkbox"/> Advising Special Populations: (Adults, Athletes, At-Risk, First Year, Graduate, International, LGBT, Minorities, Students with Disabilities, Undecided) | <input type="checkbox"/> Faculty Advising Workshop/Advisor Training |
| <input type="checkbox"/> Career and Academic Advising | <input type="checkbox"/> Freshman Advising |
| <input type="checkbox"/> Computer-Assisted Advising/Degree Audits | <input type="checkbox"/> Grant Writing Seminar |
| <input type="checkbox"/> Delivery System Models: (Advising Center, Centralized vs. Decentralized, Faculty vs. Paraprofessional, Peer, Professional) | <input type="checkbox"/> Legal Implications of Advising |
| <input type="checkbox"/> Developmental Advising/Student Development | <input type="checkbox"/> Managing Advising: Services and Rewards |
| <input type="checkbox"/> Diversity Issues in Advising | <input type="checkbox"/> Orientation of Students |
| | <input type="checkbox"/> Retention |
| | <input type="checkbox"/> Issues of Two Year Colleges |
| | <input type="checkbox"/> Technology in Advising |
| | <input type="checkbox"/> Transfer Advising and Articulation |

2. **PURPOSE OF THE SPEAKING EVENT** (Be Specific and include the topics or information you wish to be covered or discussed by the speaker) If there is not enough space in this box please feel free to attached a detailed word document

3. **WHAT ARE THE GOALS AND LEARNING OUTCOMES OF THIS SPEAKING EVENT?**

4. **COMPLETE THE ACTIVITY FOR WHICH YOU ARE REQUESTING A SPEAKER** (Can request more than one)

Keynote speech

Size of group _____: Length of speech _____: Number of speeches _____: Audience _____

Professional Development

Size of group _____: Length of presentation _____: Number of speeches _____: Audience _____

Workshop

Size of group _____: Length of workshop _____: Number of speeches _____: Audience _____

Discussions

Size of group _____: Length of discussion _____: Number of speeches _____: Audience _____

5. **MATERIALS TO BE SUPPLIED TO SPEAKER PRIOR TO THE VISIT:**

6. **DATES/TIME FRAME OF REQUESTED SPEAKING EVENT:**

7. **HOW DID YOU HEAR ABOUT THE NACADA CONSULTANT & SPEAKER SERVICE?**