PAINE COLLEGE
AUGUSTA, GA 30901
REQUEST FOR PRESIDENTIAL PARTICIPATION

Please use this form to request that Dr. Samuel Sullivan, President of Paine College speak at an event.

Date of Request:
Department/Organization:
Requesting Person/Point of Contact:
Telephone #: E-Mail:
Date of Event: Start Time: End Time:
Requested Time of Arrival:
Speaking Time Allotted:
Academic Regalia Required: □ Yes □ No
Dress Attire:
If so, dress attire:
Location: (Street address/City/Town, State):
Facility being used:

Description of event or activity:

Requested action by President:

Keynote □ Welcome □ Remarks □ Other □

Description of audience (Briefly describe whom & make-up):

Suggested points to make in remarks:

Signature of Requestor Date Phone Number/Extension

(Dr. Sullivan requires 2 weeks notice)

PLEASE MAIL OR FAX THE FORM TO:
The Office of the President
Paine College
1235 Fifteenth Street
Augusta, GA 30901
706-821-8333 (fax)

President’s Office
Last revised 4-28-08