



UNIVERSITY OF
ST. LA SALLE
BACOLOD CITY, PHILIPPINES

University Alumni Relations Office (UARO)

SPEAKERS' BUREAU FORM (SBF)

_____ Semester, AY _____

A. Resource Speaker _____

Alumni Class

_____ Grade School

_____ High School

_____ College

Course _____ Year _____

_____ Post Graduate

Course _____ Year _____

Field of Expertise _____

Company Name _____

Postal Address _____

Email Address _____ Contact No.(s) _____

B. Date of Event _____ Time _____

Topic(s) _____

Venue _____ Participants _____

Faculty In Charge _____ Contact No.(s) _____

Noted by _____

Department Chairperson/ College Dean

Received by _____

UARO

Date Filed _____

Date Received _____

Note(s)

- *Form to be accomplished (3 copies) by the Faculty and submitted to UARO **at least one (1) day before the event.** If unable to personally submit, just call/dial local 179 or 433 0307 for pick-up of form by the UARO staff.*
- *UARO will provide for a photo op and award a certificate of appreciation.*

UARO Copy

CER Copy

Faculty Copy