



GUEST SPEAKER REQUEST FORM

To request a speaker from Hmong Education Archives & Library in a classroom, program, project, or meeting, please turn in this completed form to HEAL at 343 Michigan Street, Saint Paul, MN 55102 or email this form to hmongarchives.org@gmail.com

(Please type or print legibly)

YOUR INFO: _____

First

Last

YOUR ORG: _____

(Name of your school, college, organization, or business)

ADDRESS: _____

Street

City

State

Zip

Phone Numbers

Email Address

Website

ORGANIZATION TYPE:

K-12 School

College/University

Library

Nonprofit

Business

REQUEST DETAILS (is this request for a):

Classroom

Program

Project

Meeting

Other

ADDITIONAL COMMENTS:

<p>Submit completed form to:</p> <p>Hmong Education Archives & Library 343 Michigan Street Saint Paul, MN 55102 Phone: (612) 978-8359 Email: hmongarchives.org@gmail.com</p>	<p>For Hmong Education Archives & Library Use Only:</p> <p>Received Date: _____</p> <p>_____ (Approved by HEAL)</p>
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