

CSCC IEP Guest Speaker Form

Thank you for agreeing to be a guest speaker for our students! Please complete this form so that we can confirm that you will be a guest speaker for our ASL Sharing Hour, and that we can ensure your payment is processed.

Contact Information

First name

Last name

Text number

Email address

Street Address

City

State

ZIP code

Details of ASL Sharing Hour

Date of event

Time of event

We are able to pay you a \$25.00 honorarium for your time, which will be mailed to you as a check. Do you agree to that payment?

Additional notes:

Please sign here or type your full name:

Date