

**REQUEST FOR AUTHORIZATION
FOR A SPEAKER WITHIN THE DIOCESE OF BISMARCK**

(please print or type)

Date of request: _____ **Event:** _____

Date(s) of event: _____ **Place of event:** _____

Name of Coordinator: _____ **Phone:** _____

E-mail: _____ **Parish/Agency:** _____

Address: _____ **City/Zip:** _____

(If event is taking place at a parish and request is not submitted by the Pastor,
please include Pastor's approval of event)

Name of Speaker: _____

Affiliation: _____

Topic(s): _____

Audience Type: _____

Summary of Topic: _____

Please include all applicable documents as requested in "Speaker Policy
for the Diocese of Bismarck" (e.g. *curriculum vitae*, letter of good
standing, *mandatum*, etc.) and mail to:

Diocese of Bismarck
Office of the Bishop
(attn: Speaker Application)
PO Box 1575
Bismarck, ND 58502