

**Loyola University of Chicago School of Social Work
Alumni Speakers Bureau Registration:**

Name: _____

Social Work Degree: _____

Area of Practice: _____

Topic/ Activity

Comment/ Other

Current Practice Setting: _____

Preferred phone contact: (day) _____ **(evening)** _____

Preferred Mailing Address: _____

Preferred times of availability: (please circle)

any weekday weekend day hours only evening hours

What programs/ activities would bring you back on campus?

e-mail this information to SSW-Alumni@luc.edu

Fax to: 312-915-7645

Mail: School of Social Work, Alumni Speakers Bureau
820 North Michigan, Chicago, Illinois 60611