



University of  
Pittsburgh

School of  
Pharmacy

## SPEAKER GIFT REQUEST FORM

Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Name and E-mail address of requestor: \_\_\_\_\_

Name of Speaker: \_\_\_\_\_

Reason for Gift Request: \_\_\_\_\_

\_\_\_\_\_

Is speaker a return guest speaker at the School? \_\_\_\_\_ Yes \_\_\_\_\_ No

Gift Retrieval: \_\_\_\_\_ Pick up at Salk Hall \_\_\_\_\_ Mail

If mailing, please provide full address here: \_\_\_\_\_

*Please note: gifts should only be mailed if the event is being held virtually.*

Please email all requests to Alison Zappa at [aaz13@pitt.edu](mailto:aaz13@pitt.edu).