



**Guest Appearance Questionnaire/Information**  
**Lisa Loury Lomas, PhD, Eastern Area Director**

*Please Email completed document to:*

**Link Marshaë Murrell, Eastern Area Protocol Chair**

[Marmurrell@aol.com](mailto:Marmurrell@aol.com)

**with a copy to Link Nakeina E. Douglas-Glenn, Eastern Area Chief of Staff**

[ealinkscos@gmail.com](mailto:ealinkscos@gmail.com)

**(Kindly submit at least four (4) weeks prior to the date of the event)**

**Chapter Information**

Chapter Name:		City	
		State (two letters):	

**Primary Contact:**

Name:		Email:	
Title:		Phone:	

**Secondary Contact:**

Name:		Email:	
Title:		Phone:	

**Day of Event Escort::**

Name:		Email:	
Title:		Phone:	

**Event Details**

Event Date:		Event Start Time:	
		Event End Time:	

Event Title or Theme:			
Purpose of Event:			

Attire:	<input type="checkbox"/> Casual <input type="checkbox"/> Business <input type="checkbox"/> Business Casual <input type="checkbox"/> Semi-Formal <input type="checkbox"/> Formal	Specific color scheme:
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Will non-Links be present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s):
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Participating Links Dignitaries <i>Please indicate if she will provide greetings or remarks.</i> <b>Note: The Area Director speaks prior to the National President.</b>	National President/Designee	Other (e.g., Executive Council, Area Officers, etc.)
	Remarks <input type="checkbox"/> Yes <input type="checkbox"/> No  Allotted time:	Remarks <input type="checkbox"/> Yes <input type="checkbox"/> No  Allotted time:

Agenda and Run of Show			
<i>Both must be submitted within 1 week of event</i>			

(Select One)	<input type="checkbox"/> Guest Speaker	<input type="checkbox"/> Greetings	<input type="checkbox"/> Remarks
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Time allotted:			
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Subject/Topic:			
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Specific items/awards/recognitions to be noted:

**Request Details** (*Name of the person introducing the EAD*) *If other dignitaries are attending, provide that information in the **Events Details section under Participating Links/Dignitaries.***

**Event Summary** (*limit to 200 words or less*)

**The Area Director or her designee may be provided a courtesy as an indication of appreciation and affection. Should your chapter choose to exercise this option, which may be a gift, gift card or any expression of your choice, Link Lisa's information is included.**

Dr. Lisa Loury Lomas  
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Ellicott City, MD 21043  
C: 202-423-9891 | Website: [www.ealinks.org](http://www.ealinks.org)  
Email Address: [EADLisaLL@gmail.com](mailto:EADLisaLL@gmail.com)

**Link Lisa's favorite things include:**

**Beverages and Snacks**

Flavored Vodka  
Smart popcorn and flavored almonds  
Smart water and Coke Zero

**Color**

Blue

**Cuisine**

Seafood

**Past-Times**

Reading and word games

**Flowers**

All fresh flowers, particularly tulips and roses