



**Eliot-Pearson  
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## LECTURING INVOICE

Date: \_\_\_\_\_

\_\_\_\_\_ lectured in the Eliot-Pearson  
*(Guest Speaker's Name)*

Department of Child Development on \_\_\_\_\_.  
*(Date)*

Topic/title of the lecture \_\_\_\_\_

Course title and number \_\_\_\_\_

Professor of the course \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

*Please complete the information below and return to the DEPARTMENT OF CHILD DEVELOPMENT  
Attention: Mary Ellen Santangelo, Department Manager  
Thank you.*

**Note: For first-time speakers, please fill out a W-9 form and submit it with the Lecturing Invoice.**