

Lecturer Expression of Interest Form

Please fill in the required details below, if you are willing to act as a Montgomery Trust Lecturer and return this along with your biographical note and photograph to the address below.

CONTACT DETAILS: Title: First name: Last name: Phone: Mobile: **Email:** Address: **LECTURE SUBJECTS:** 1) 2) 3) PTO..

BIOGRAPHICAL INFORMATION:					
PUBLICATIONS:					
PHOTOGRAPH:					
Please provide a hig	th resolution jpeg p	photograph, than	ık you		

Montgomery Trust Lectures
Springers, The Street, Coney Weston, Bury St Edmunds IP31 1HG
P: 01359 221600
E: admin@montgomerytrust.org.uk
www.montgomerytrust.org.uk