

SPEAKER REQUEST FORM

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| Company/Organization Requesting Speaker: | | |
| Address: | City: | Zip: |
| Contact Person: | Job Title: | |
| Phone: | Fax: | |
| E-Mail: | | |
| Date(s) Speaker Required: | | |
| Time to Arrive: | Time Presentation Starts: | Time for Speaker: |
| Meeting Location (If different from above OR if you have several buildings, please specific which building): | | |
| Special Arrival Instructions (Provide add'l details if there is security to check in with, specific doors to enter, etc): | | |
| Size of Audience: | Union Affiliation: | |
| Type of Audience (Check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Administrative/Clerical Employees <input type="checkbox"/> Training Event <input type="checkbox"/> Managers / Leadership Givers <input type="checkbox"/> Employee Campaign Kick-Off <input type="checkbox"/> Labor <input type="checkbox"/> Leadership Event | Topic(s) of Interest: <ul style="list-style-type: none"> <input type="checkbox"/> General United Way Overview <input type="checkbox"/> Education <input type="checkbox"/> Family & Financial Stability <input type="checkbox"/> Health & Basic Needs <input type="checkbox"/> Leadership Giving <input type="checkbox"/> 2-1-1 Information & Referral <input type="checkbox"/> Specific Agency Request (Refer to our list of available speakers & specify your choice): | |
| What speakers have addressed your organization in past years? | | |
| Special Instructions: | | |
| For United Way & Agency Use Only | | |
| Confirmed Agency: | Confirmed Agency Speaker: | |
| Engagement Acceptance: I hereby acknowledge and accept the above speaking engagement at the indicated date, time and location. | | |
| Signature: | Date : | |
| Agency Speaker to Return via E-Mail of fax to maureen.kampman@uwstark.org or 330.491.0477 | | |