2008 SPEAKER REQUEST FORM

(To request a speaker from one of our United Way partners/programs, please fill out the information below. Please give **two weeks notice** if possible. If you have questions contact Nancy Cargile, Communications Department, 458-2049.)

Thank you!

FAX TO: Nancy Cargile, 458-2047.

TODAY'S DATE:_____

LOANED EXECUTIVE OR PERSON MAKING REQUEST:_____
WORK PHONE:_____CELL PHONE:_____EMAIL:_____

COMPANY WHERE SPEECH WILL BE HELD:_____

COMPANY COORDINATOR OR OTHER CONTACT PERSON:_____
WORK PHONE:_____ EMAIL:_____

AUDIENCE PROFILE: ( )Male ( ) Administrative ( ) Professional
( )Female ( ) Labor Union

DATE OF MEETING:_____ TIME:_____ am / pm

NUMBER OF EXPECTED ATTENDEES:_____

MEETING ROOM ADDRESS, DIRECTIONS, AND PARKING INSTRUCTIONS:
_____

_____

SPEAKER ATTIRE: ( ) Business ( ) Business Casual ( ) Casual

THEME OF SPEECH: (Select one of the following from United Way's Five Impact Areas:)

( ) Helping children succeed
( ) Strengthening & supporting families
( ) Promoting self-sufficiency
( ) Improving people's health
( ) Helping in times of emergency & disaster

ADDITIONAL COMMENTS:_____

_____

FOR COMMUNICATION'S USE ONLY

Confirmed speaker:_____ Partner:_____
Phone:_____ Fax:_____ Email: _____

Confirmation given to:_____ on _____/08 By:_____