

Speaker Request Form



Meeting Date: _____

Meeting Time: _____

REQUESTOR INFORMATION

Organization Requesting Presentation: _____

Organization Contact: _____ Phone: _____

Cell: _____

Location of Presentation: _____ Fax: _____

(Ex: Room #,
Building Name)

Address : _____

Directions/Parking: _____

(Be specific) _____

PRESENTATION INFORMATION

Audience Size: _____ Length of Speech: _____

Description of Audience: _____

Type of Presentation: General Employee Leadership Group

Use of Video Tape? No Yes

Federation Choice: Children's Services Senior Services

Health Services No preference

Specific Agency: Agency 1 _____

Agency 2 _____

Agency 3 _____

Request Date: _____

Requested By: _____

PLEASE FAX TO: 407.244.2804 or email to: Jennifer.McMahon@hfuw.org