Speaker Request Form
(Requires a minimum of 2 weeks notice)

Meeting Date: __________________________  Meeting Time: __________________________

REQUESTOR INFORMATION
Organization Requesting Presentation: ____________________________________________

Account #: ____________________________ Location #: ____________________________

Organization Contact: ____________________________ Phone: __________________________

Location of Presentation: ____________________________________________
(Ex: Room #, Building Name)

Fax: __________________________

Address :

Directions/Parking:

__________________________

HFUW Representative Attending Meeting: __________________________

PRESENTATION INFORMATION

Audience Size: ________  Length of Speech: ________________

Description of Audience: ____________________________________________

Type of Presentation: □ General Employee  □ Labor/Union Ask
□ Leadership  □ Other

Use of Video Tape? □ No  □ Yes  □ United Way  □ Company

Presentation Topic: □ Alleviating Hunger & Homelessness  □ Building Safe
□ Improving
□ Developing Healthy
□ Agency 1
□ Agency 2
□ Agency 3

Financial Stability

Stability

Request Date: ________________ Requested By: ________________________