Agency Fair Request Form

(Requires a minimum of 3-4 weeks notice)

Fair Date: ____________________________ (Time Period) From: ___________ To: ___________

REQUESTOR INFORMATION

Organization Requesting Fair: __________________________________________________________

Account #: __________________________ Location #: __________________________

Organization Contact: __________________________ Phone: __________________________

Location of Agency Fair: __________________________ Fax: __________________________
(Ex: Room name, Building name)

Address: __________________________________________________________

Directions/Parking: __________________________________________________________
(Be specific)

HFUW Representative Attending Fair: __________________________

FAIR INFORMATION

Audience Size: _________ Number of Agencies Requested: _________

Audience Description: __________________________________________________________

Will Lunch be provided: ☐ YES ☐ NO

Please list the agencies you wish to attend your fair. The Speakers Bureau coordinator will substitute an appropriate agency if the one(s) requested is/are not available.

__________________________________________________________

__________________________________________________________

__________________________________________________________

Request Date: ________________ Requested By: __________________________