

# 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 : \_\_\_\_\_