

Speakers Bureau Request Form

Date Requested: _____ Requested By: _____

Impact Area: Children and Youth Individuals and Families Persons with Disabilities Seniors

Audience Size: _____ Date Speaker Required: _____

Meeting Time (Start to Finish): _____ Time Speaker Required: _____

Presentation is a: Training Session Kickoff Event Wrap-up Event Leadership Presentation

Name of Company: _____ Account ID: _____

Address: _____ Floor and/or Room: _____

Contact Person: _____ Phone: _____ Ext: _____

United Way Contact: _____ Phone: _____ Ext: _____

Parking Facilities: _____ Dress? (Business/Casual/Footwear): _____

Is the audience unionized? Yes No Name of Union (if applicable): _____

Who is the audience? Clerical Sales Management Trades Other

Other relevant Information: _____

FOR OFFICE USE ONLY

CONFIRMED SPEAKER INFORMATION

Speaker: _____

Organization: _____

Phone: _____ Date Confirmed: _____

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United Way
Windsor-Essex County