

SPEAKER:

DATE OF REQUEST:

SPEAKER/TOUR REQUEST FORM

<u>Please complete one form per company.</u> Submit this request as soon as possible by filling out this form and email to **lhass@unitedwaysiouxland.com** or fax to 712.255.3028

Ihass@unitedwaysiouxland.com or fax to 712.255.3028			
DATE NEEDED:	STAFF/VOLUNTEER:		
COMPANY:			
Address:	PLEASE SELECT HOW TO CONFIRM THIS REQUEST & FILL IN THE INFORMATION FOR SELECTED METHOD:		
CONTACT:	PHONE:		
PHONE:	EMAIL:		
SELECT ONE:	PRESENTATION	TOUR	VIDEO CONFERENCE
TIME:	NUMBER OF EMPLOYEES:		
DESCRIPTION (INCLUDE VIDEO CONFERENCE INFORMATION)			
AGENCY PARTNER SPEAKER REQUESTED (Please select agencies in order of preferencefrom drop down menu)			
1st Priority:			
2 ND PRIORITY:			
3RD PRIORITY:			
DIRECTIONS TO ORGANIZATION AND SPECIFIC LOCATION OF PRESENTATION:			
CONFIRMATION INFORMATION (OFFICE USE ONLY)			
AGENCY CONFIRMED	:	DATE OF CONFIRMATION:	

By: