

United Way of Central New York 2009 Speaker Request Form

Date submitted: _____

PLEASE ALLOW A MINIMUM OF 5 WORK DAYS FOR SCHEDULING

Company Name: _____ Account Manager/LE Name: _____

ECC Name: _____ ECC e-mail: _____

ECC Phone: _____ ECC emergency phone: _____ ECC Fax: _____

Size of audience: _____ Audience demographics: (ages, sex, job type) _____

Date of event: _____ Time of event: _____ Length of speaker presentation: _____

Address and directions to meeting site: _____

Location of meeting: (building, room, floor number, etc.) _____

Where does speaker check in: _____ Where does speaker park: _____

Security clearance required? YES NO If yes, explain protocol: _____

Please circle the top two preferred impact areas or name preferred speaker/agency:

- Nurture, protect and teach young children
- Helping youth grow into thriving adults
- Provide a safety net during crisis
- Enable people to live with self-sufficiency and independence
- Support people facing difficult personal and family problems

Additional information that can assist the speaker in preparing for this meeting : _____

(Speaker Coordinator use only)

Date received: _____ Confirmations (circle): Agency Account Manager Speaker ECC