



TODAY'S DATE: _____
UWNA STAFF: _____
NAME OF UWNA REP AT MEETING: _____

UNITED WAY OF NORTHERN ARIZONA
SPEAKER REQUEST FORM

ALL INFORMATION MUST BE COMPLETED TO PROCESS REQUEST

COMPANY: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

PHONE/EXT: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

COMPANY TYPE (circle one):

- SECC/ CFC Construction High Tech Professional
Public Sector Assembly Line Education Other

IF OTHER PLEASE EXPLAIN: _____

DATE OF MEETING: _____ START TIME: _____ AM/ PM

FINISH TIME: _____ AM/ PM

AMOUNT OF TIME AVAILABLE FOR SPEAKER: _____

ADDRESS OF MEETING (include room, floor, bldg, etc.): _____

MAJOR CROSS STREETS: _____

SPECIAL INSTRUCTIONS (i.e. Parking, security, etc.): _____

TYPE OF MEETING (circle one) :

- LEADERSHIP KICKOFF GENERAL EMPLOYEE MEETING

AUDIENCE SIZE: _____

COMPANY REPRESENTATIVE AT MEETING (i.e. Person speaker will ask for): _____

SPECIAL REQUESTS (i.e. agency/topic preferences: Spanish speaking etc.): _____

PLEASE FAX REQUEST TO UNITED WAY OF NORTHERN ARIZONA TO
928.773.9814 AT LEAST 48 HOURS IN ADVANCE. THANK YOU.