



CFC NORCAL SPEAKER REQUEST FORM

Please complete all information about your customer and this event.

Use a separate form for each event — except multiple times for one event should be on the same form.

Must be submitted at least 5 working days prior to the event.

Date Submitted: _____ Date Received: _____

Agency: _____ Contact Person: _____

Email: _____ Phone: _____ FAX: _____

Campaign Coordinator _____ Phone: _____ FAX: _____

FEDERATIONS: *(Please indicate your federation(s) preference.)*

- | | | |
|----------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Earth Share of California | <input type="checkbox"/> United Way of the Wine Country | <input type="checkbox"/> United Way of the Bay Area |
| <input type="checkbox"/> Children's Charitable Alliance | <input type="checkbox"/> Global Impact | <input type="checkbox"/> United Way Silicon Valley |
| <input type="checkbox"/> Community Health Charities | <input type="checkbox"/> Local Independent Charities of America | |
| <input type="checkbox"/> Metropolitan Arts Partnership | <input type="checkbox"/> United Way California Capitol Region | |
| <input type="checkbox"/> Local Unaffiliated Organization | | |

EVENT INFORMATION

Event Date: _____ Event time _____ to _____

SPEAKER TIMES:

- _____ To _____ am or pm Group size _____
- _____ To _____ am or pm Group size _____
- _____ To _____ am or pm Group size _____
- _____ To _____ am or pm Group size _____
- _____ To _____ am or pm Group size _____

FOR SHOWCASE SERVICE USE ONLY

Agency Booked

Time for Speaker to arrive: _____ minutes per speaker

If multiple times, indicate if you want *one speaker to cover different times or* *a variety of speakers and # desired* _____.

Audience type: _____ *(i.e. professional, labor, management, admin., etc.)*

Event location _____
(address/building/suite number)

Facility at workplace site: Conference room Auditorium Cafeteria Outside Other _____

Type of workplace event Group solicitation Kickoff Training Rally Other _____

Directions to event location & site _____

Parking availability _____

FOR SPEAKERS BUREAU USE ONLY

Agency _____ Agency _____

Agency _____ Agency _____

Agency _____ CFC Agency & speaker-initial & date confirmed _____