

2018 MEETING/SPEAKER REQUEST

Meeting date: _____ Meeting time: _____

Company Name: _____

Address: _____

Meeting Location: _____

Contact Person: _____ Email: _____

Cell phone: _____ Office phone: _____

Special Considerations: (i.e. parking, security instructions)

Impact preference for speaker (if applicable):

Education

Income

Health

Time allowed for UW presentation: _____ Number attending: _____

Time allowed for Agency Speaker: _____ Department attending: _____

% Men: _____ % Women: _____

Will there be time to show the United Way Video? (4 minutes) Yes No

What A/V Equipment is available? TV DVD player Laptop & Projector Speakers Microphone

How many Materials do you need? _____ Pledge Forms _____ Brochures _____ Prize Forms

_____ Report Envelope _____ Thermometers _____ Posters

_____ Annual Report _____ Recognition Forms

United Way Representative: _____ Date of Request: _____

If you have questions, contact Krista Boyd at 651.7718 or kboyd@uwce.org