

## UNITED WAY GALVESTON COUNTY MAINLAND

### SPEAKER REQUEST FORM

\*Company Name: \_\_\_\_\_

\*Company Contact: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Meeting Address: \_\_\_\_\_

\*Approx. Number of Persons attending: \_\_\_\_\_ \*Amount of time allotted for speaker: \_\_\_\_\_

Pertinent Information: \_\_\_\_\_

\*Submitted By: \_\_\_\_\_ \*Phone: \_\_\_\_\_

**Please enter only meeting dates and times. United Way staff will fill out the speaker information below.**

**\*1. Date:** \_\_\_\_\_ **\*Start Time:** \_\_\_\_\_ AM/PM **\*End Time:** \_\_\_\_\_ AM/PM

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**\*2. Date:** \_\_\_\_\_ **\*Start Time:** \_\_\_\_\_ AM/PM **\*End Time:** \_\_\_\_\_ AM/PM

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Questions???

Contact Chris Delesandri at 409-948-4211 Fax: 409-948-3309 Email: CHRISD@UWGCM.ORG

# Stronger Together



\*3. **Date:** \_\_\_\_\_ \***Start Time:** \_\_\_\_\_ AM/PM \***End Time:** \_\_\_\_\_ AM/PM

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\*4. **Date:** \_\_\_\_\_ \***Start Time:** \_\_\_\_\_ AM/PM \***End Time:** \_\_\_\_\_ AM/PM

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\*5. **Date:** \_\_\_\_\_ \***Start Time:** \_\_\_\_\_ AM/PM \***End Time:** \_\_\_\_\_ AM/PM

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\*6. **Date:** \_\_\_\_\_ \***Start Time:** \_\_\_\_\_ AM/PM \***End Time:** \_\_\_\_\_ AM/PM

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\*7. **Date:** \_\_\_\_\_ \***Start Time:** \_\_\_\_\_ AM/PM \***End Time:** \_\_\_\_\_ AM/PM

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Speaker: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Questions???

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