

Agency Speaker/Tour Program Request Form

In order to ensure your speaker/tour experience is positive, ALL fields with an asterisk () are required fields and need to be completed.*



* Today's Date _____

* Event Date _____

* Workplace Name _____

* Workplace Branch/Department/Business Unit _____

* Event Start Time _____ * Event End Time _____

* Speaker Arrival Time _____ * Speaker Start Time _____

* Speaker Presentation Length (*Circle one*)

3-5 minutes 5-7 minutes 7-10 minutes 10-15 minutes Other _____

* United Way DVD/Video to be played? (*Circle one*) Yes No

* DVD/Video player available at the location? (*Circle one*) Yes No

* Workplace Contact Name _____

* Workplace Contact Title _____

* Workplace Address _____

* Workplace Contact Phone Number _____ Ext. _____

* Workplace Contact Fax _____

* Workplace Contact Cell Phone Number (for event day only) _____

* Workplace Contact Email _____

Workplace Website _____

In case the Workplace Contact is unavailable, please provide an Alternate Workplace Contact:

* Alternate Workplace Contact Name _____

* Alternate Workplace Contact Phone Number _____

Alternate Workplace Email Address _____

Alternate Workplace Cell Phone Number _____

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* Event Address _____
* Building Name/Floor/Department/Room _____
* Event Directions _____

* Event Parking _____

* Event Entry Procedures _____

* Event Security Procedures _____

* Audience Size _____
* Audience Description/Demographics _____
* Is this an agency fair? Yes No
* Is this a leadership event? Yes No

Specific Interest Area (*Optional*) Education Income Health

Comments _____

United Way Liaison, if known _____

Thank you for participating in the United Way Community Campaign!

Please fax completed form to (860) 493-6859 or mail to:

United Way Community Campaign

Attn. Donor Relations

30 Laurel Street

Hartford, CT 06106