

**United Way of Central Florida
Speaker/Tour Request**

LIVE UNITED™



Fax this form to 648-1535

Tour

Speaker

United Way Contact: _____

Account Name: _____ Dept. Name or Store #: _____

Mailing Address: _____

Presentation Location: *(For speakers: physical condition - include address, building name, room number, etc.)*

Contact person: _____

Phone number: _____ Fax number: _____

Presentation Date: _____ Time: _____

Number of people attending: _____

Type of work done by those in attendance: _____

Agency Suggestions: _____

For tours:

Departing Location: _____

Departure Time: _____

Length of tour: _____

For speakers:

Attach directions to location

Attach agenda for presentation

Date received: _____ Information complete: _____

Agencies confirmed: _____

Information faxed: _____ Main notebook: _____

Front notebook: _____

Staff/LE copies in mailbox: _____