

**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: \_\_\_\_\_