2019 Milwaukee Partners in Giving Campaign- Speaker Request

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| **Company Name - Department:** |  |
| **Company Organizer (main contact for event)** |  |
| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

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| **Audience Information** | |
| **Office Environment** | **(Please Circle one) -** Leadership / Management Staff / Gen Staff / Labor |
| **Audience Size** | **(Please Circle one) -** under 25 26-50 50-75 75+ |
| **Attire** | **(Please Circle one)** - Business Casual / Professional Attire / Jeans / Other (list in addn. notes) |

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|  | |
| **Event Location** | |
| **Address:** |  |
| **Building Name** |  |
| **Room #/Suite #:** |  |
| **Parking Information:** |  |
| **Building/Security access:** |  |

|  |  |
| --- | --- |
| **Company Organizer (main contact for event)** | |
| **Name:** |  |
| **Phone:** |  |
| **Email:** |  |

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| **Event Date:** |  | | **Type of Event:** |  | |
| **Event Time** | **Start time:** |  | **End Time:** |  | |
| **Speaker start time:** |  | | | | |
| **Speaker speech length** |  | | **Audience Size** |  | |
| **Agency speaker preference: (*e.g.* *Education, Income, Health, specific topic, preferred agency)*** | (Please List Three Topics or Charities of Choice, #1 being most important)  **1.**  **2.**  **3.** | | | | |
| **Additional notes/ information helpful for Speaker to know:** | | | | |

*Please complete this form as completely as you can and return 1-2 weeks prior to the date of the speaking event (the more notice- the better!). Please send to* [*mfeldmeyer@unitedwaygmwc.org*](mailto:mfeldmeyer@unitedwaygmwc.org)