



## Greater Olympic Peninsula CFC SPEAKER REQUEST FORM

Requester \_\_\_\_\_ Date \_\_\_\_\_

Agency Requesting \_\_\_\_\_

ECM \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address of meeting \_\_\_\_\_

Driving & Parking Directions \_\_\_\_\_

Date of Presentation \_\_\_\_\_ Time \_\_\_\_\_

Number of Participants \_\_\_\_\_ Presentation Length \_\_\_\_\_

Special Instructions \_\_\_\_\_

How Many Charities Requested: \_\_\_\_ Will Charities Be Able to Set Up a Table Display? Yes \_\_\_ No \_\_\_

Charity Requested:

1<sup>st</sup> Choice \_\_\_\_\_ Specialist or ECM Requested? (circle)

2<sup>nd</sup> Choice \_\_\_\_\_ Specialist or ECM Requested? (circle)

3<sup>rd</sup> Choice \_\_\_\_\_ Specialist or ECM Requested? (circle)

\*\*\*\*\* CHARITY CONFIRMATION \*\*\*\*\*

Charity Presenting \_\_\_\_\_

Speaker Attending \_\_\_\_\_

Confirmed By \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_