



**United Way  
of Central New York**

**2014 Syracuse University United Way Campaign  
Speaker Request Form**

Date speaker is needed: \_\_\_\_\_

Time: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Primary Audience (i.e., staff, faculty, etc.): \_\_\_\_\_

Location: \_\_\_\_\_

Room description: \_\_\_\_\_

Are you requesting a speaker from a specific agency? \_\_\_\_\_

Where should the speaker park? \_\_\_\_\_

Contact: \_\_\_\_\_

SU Phone Number: \_\_\_\_\_

SU email address: \_\_\_\_\_

**CAMPAIGN COORDINATOR USE ONLY**

Speaker name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone number: \_\_\_\_\_

Confirmed: \_\_\_\_\_