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: ____________________