

GIVE TO LA SPEAKER REQUEST FORM

CITY DEPARTMENT: _____

COORDINATOR: _____ Phone: _____ FAX: _____

LOCATION ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

DATE OF EVENT: _____ NUMBER IN AUDIENCE: _____

TIME MEETING BEGINS: _____ AM / PM TIME MEETING ENDS: _____ AM / PM
IMPORTANT - Please circle AM or PM

LENGTH OF SPEAKER'S PRESENTATION: _____

TYPE OF EVENT: Employee Meeting Agency Fair Training Other _____

SITE CONTACT PERSON: _____ Phone: _____ FAX: _____
If different from "coordinator" listed above

LOCATION OF SPEAKER ENGAGEMENT: _____
Indicate the specific location = room #, floor, conference room, department, building, etc.

WHERE SPEAKERS CHECKS IN: _____

WHERE SPEAKERS PARK: _____

Please select from the following charitable agencies/FDAs (Choose 2 or 3):

- | | |
|---|--|
| <input type="checkbox"/> Asian Pacific Community Fund | <input type="checkbox"/> Hispanic Scholarship Fund |
| <input type="checkbox"/> Brotherhood Crusade | <input type="checkbox"/> Meals on Wheels of Los Angeles |
| <input type="checkbox"/> City of Hope | <input type="checkbox"/> United Latino Fund |
| <input type="checkbox"/> Community Health Charities of California | <input type="checkbox"/> United Negro College Fund |
| <input type="checkbox"/> Earth Share of California | <input type="checkbox"/> United Way of Greater Los Angeles |

SPECIAL INSTRUCTIONS: _____

REMEMBER: Our speakers are in great demand – please allow 4 working days for scheduling.

You will receive a confirmation of which speakers will be attending.

Please FAX completed form to: (213) 624-6406