

2011 CITY OF LOS ANGELES
GIVE TO LA COMBINED CHARITABLE CAMPAIGN

COORDINATOR HANDBOOK

SPEAKER REQUEST FORM

CITY DEPARTMENT: _____

COORDINATOR: _____ Phone: _____ FAX: _____

EMAIL ADDRESS: _____

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 *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 SPEAKER CHECKS IN: _____

WHERE SPEAKER PARKS: _____

Please invite at least 2 of the following FDAs:

- | | |
|-------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> American Cancer Society | <input type="checkbox"/> EarthShare California |
| <input type="checkbox"/> Asian Pacific Community Fund | <input type="checkbox"/> Hispanic Scholarship Fund |
| <input type="checkbox"/> Brotherhood Crusade | <input type="checkbox"/> LAFA / Meals on Wheels |
| <input type="checkbox"/> City of Hope | <input type="checkbox"/> United Latino Fund |
| <input type="checkbox"/> Community Health Charities of California | <input type="checkbox"/> UNCF |
| | <input type="checkbox"/> United Way of Greater Los Angeles |

SPECIAL INSTRUCTIONS: _____

REMEMBER: Our speakers are in great demand – please allow 5 working days for scheduling.

Please FAX completed form to: Maya Pirela at (267) 392-4818