



Workplace Speaker Request Form

To ensure the best speaker for your event, please submit this form two weeks in advance.

Company Name: _____
Address: _____

Employee Campaign Chair contact Information:
Company Contact: _____
Phone Number: _____
Email: _____

Event Information:
Date: _____ **Start Time:** _____ **am/pm**
Presentation Length: _____ **End Time:** _____ **am/pm**
Audience Size: _____

| | | | | | | | | | | |
|--|--|---|--|---|---------------------------------------|--|--|----------------------------------|--|--|
| Focus Area: (Please check one) | No Preference <input type="checkbox"/> | All That Kids Can Be <input type="checkbox"/> | From Poverty to Possibility <input type="checkbox"/> | Healthy People, Strong Communities <input type="checkbox"/> | | | | | | |
| Topic/Style of Speaker: (Please check one) | No Preference <input type="checkbox"/> | Aging <input type="checkbox"/> | Disabilities <input type="checkbox"/> | Children & Families <input type="checkbox"/> | Impact Story <input type="checkbox"/> | Leadership Giving <input type="checkbox"/> | Mental Health <input type="checkbox"/> | Poverty <input type="checkbox"/> | Substance Abuse <input type="checkbox"/> | Workplace Accidents <input type="checkbox"/> |
| Event Description: (Please check one) | Workplace Presentation: <input type="checkbox"/> | Cheque Presentation: <input type="checkbox"/> | Kick Off: <input type="checkbox"/> | Special Event: <input type="checkbox"/> | Wrap Up: <input type="checkbox"/> | Other: _____ | | | | |

Thank you for your interest in our speakers. A member of our team will be in contact to confirm your request within 3 business days.

Additional Information:

Please email to: allison@caunitedway.ca or fax to 403-309-3820