



United Way of the Ohio Valley

VIRTUAL / IN-PERSON SPEAKER REQUEST FORM

Please choose an option below:

Virtual Speaker

MEETING DATE: _____

In-Person Speaker

MEETING TIME: _____

Company/Organization Requesting Presentation: _____

Contact Person: _____ Email Address: _____

Phone/Cell: _____ Fax: _____

Location/Area of Presentation: _____

Address: _____

Directions/Parking:

PRESENTATION INFORMATION:

Est. Audience Size: _____ Length of Allotted Time for Speaker(s): _____

Is there a speaker that you would like to present? If so, please list them in order of preference:
(Please note that selected speakers will be contingent upon availability. If possible give 2 weeks notice.)

1. _____
2. _____
3. _____

Is there a particular focus area you would like addressed?

_____ Education

_____ Financial Stability

_____ Health

_____ United Way (in general)

Please email completed form to sgatton@uwov.org