

PRESIDENT SCHULZ SPEAKING EVENT INFORMATION

DATE OF REQUEST: _____ EVENT DATE: _____

START TIME: _____ AM/PM END TIME: _____ AM/PM CROWD SIZE: _____

EVENT NAME: _____

EVENT LOCATION: _____

EVENT ADDRESS: _____

PARKING ARRANGEMENTS: _____

PERSON MAKING REQUEST: _____

CONTACT PERSON: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

WHO WILL MEET THE PRESIDENT ON ARRIVAL: _____

SPECIFY EXPECTATION OF PRESIDENT: SPEECH () WELCOME () KEYNOTE () Q&A ()

OTHER: _____

TIME PRESIDENT WILL SPEAK: _____ TIME ALLOTTED: _____ MINUTES

SPEECH TOPIC/COMMENTS: _____

WHO INTRODUCES THE PRESIDENT: _____

MEAL SERVED: YES () NO ()

ADDITIONAL INFORMATION: _____
