

GFWC California Federation of Women's Clubs



Serving Our Communities
Since 1900

Member: GENERAL FEDERATION OF WOMEN'S CLUBS INTL

ITINERARY REQUEST FORM

Submission Date: _____

From: _____

Address: _____

Phone #: _____

Email Address: _____

Itinerary No.: _____

Confirmed () **Regret** ()

District/Club Requesting _____

Speaker Requested: _____

Type of event: () **Convention** () **Club** () **District** () **Other** _____

Type of Presentation: () **Speech** () **Workshop**

Starting Date: _____ **Time:** _____

Adjournment Date: _____ **Time:** _____

Place of Event (*Name of facility*): _____

Address _____

Special Parking: **Yes** () **No** () **Nearest Airport:** _____

Type of dress _____ **Guest Involvement:** _____

Time Allotted: _____ **Anticipated # in attendances** _____

Mic/Lectern available: **Yes** () **No** () **Led Projector:** **Yes** () **No** () **Screen:** **Yes** () **No** ()

Photo / Bio desired: **Yes** () **No** () **Media Coverage planned:** **Yes** () **No** ()

You will be met by: _____ **Telephone #:** _____

Accommodations have been planned as follows: _____

SEND THIS FORM TO

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619-297-5113