



VETERANS OF FOREIGN WARS OF THE UNITED STATES DEPARTMENT OF WISCONSIN



REQUEST FOR REPRESENTATION

Send to: State Adjutant
VFW Department of Wisconsin
P.O. Box 6128
Monona, WI 53716-0128
or email to: adj@vfwwi.org

MEAL TICKETS FOR OFFICER BEING REQUESTED AND GUEST WILL BE PAID FOR BY THE REQUESTING ORGANIZATION.

FUNCTION:

EVENT DATE: START TIME

PLACE EVENT WILL BE HELD (Post, park, etc):

STREET ADDRESS OF LOCATION:

CITY:

ZIP CODE:

REPRESENTATIVE REQUESTED*

**Note: Department may schedule a different rep, depending on availability.*

DEADLINE WHEN ASSIGNMENT MUST BE KNOWN:

BRIEFLY EXPLAIN WHAT WILL BE EXPECTED OF REPRESENTATIVE

IS THIS A SPECIAL ONE-TIME, OR ANNUAL EVENT?

HOW MANY PEOPLE ARE EXPECTED?

APPROXIMATE SPEAKING TIME AVAILABLE OR PLANNED FOR REPRESENTATIVE (MINUTES):

PREFERRED SUBJECT OR INDICATE "SPEAKER'S CHOICE":

WILL REP MAKE PRESENTATION(S) OR AWARD?

WILL OTHERS BE SPEAKING?

HOW MANY?

Please comment on the back of this form by giving some history or information of interest for the representative. This will be important for the representative in preparing his/her comments for this particular function. ALSO, INCLUDE TRAVEL DIRECTIONS OR ATTACH A CLEAR MAP TO AID THE REPRESENTATIVE IN REACHING THE EVENT IN A TIMELY MANNER. The more the representative knows about your event plans and details, the more effective his/her visit will be.

NO REP WILL BE MADE AVAILABLE WITHOUT A PROPER SUBMISSION OF THIS FORM IN SUFFICIENT TIME TO MAKE ASSIGNMENT.

Name Post: Title:

Address Daytime Phone Number

City Zip Code Evening Phone Number

email

Signed By: