



GFWC California Federation of Women's Clubs
ITINERARY REQUEST FORM

Itinerary No. _____ Date of Request: _____

Confirmed _____ Regret _____

Request for: _____ CFWC Position: _____

Requested by: _____ Title: _____

Name of Requesting District/Club: _____

Contact Name: _____ Email: _____

Phone: _____

EVENT DETAILS

Start Date _____

Start Time _____

End Date: _____

End Time: _____

Type of Event: Convention _____ Area Conf _____ District Meeting _____ Club Meeting _____

Other _____ (describe: _____)

Anticipated Attendance: _____

Is request for: Speech _____ Topic: _____ Time allotted _____ (min. 20 minutes)

Workshop _____ Topic: _____ Time allotted _____

Dress Code: _____

Speaker Photo/Bio Needed: Yes ___ No ___ By what date? _____

Event Location (name of venue) _____

Street Address _____

Special Parking available? Yes ___ No ___ Is Media Coverage planned? Yes ___ No ___

Microphone/Lectern? Yes ___ No ___ Projector? Yes ___ No ___ Screen? Yes ___ No ___

Nearest Airport: _____

Speaker will be met by _____ Title _____ Ph _____

Accommodation plans: _____

Please email or mail completed request to:

Lynn Confetti-Ledbetter, CFWC Itinerary Chair
601 Lynn Ave
Antioch CA 94509-5029

Email: Divenlady@yahoo.com / Ph: 925-757-4447

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