

GFWC California Federation of Women's Clubs

Member of the GENERAL FEDERATION OF WOMEN'S CLUBS INTL Serving Our Communities Since 1900

ITINERARY REQUEST FORM

Itinerary No	Confirmed	Regret	Submission Date	:	
Request for:		Requ	est from:		
District/Club Requestin	g:				
Address:			Phone:		
Email:		Starting Date:		Time:	
Type of Event: Conven	tion Club _	District	Other		
Speech/Workshop:					
Adjournment Date:			Time:		
Place of Event (Name o	f facility)				
Address					
Special Parking: Yes	No Ne	earest Airport:			
Type of Dress:		Guest	t Involvement:		
Time Allotted:		Anticipa	ated Attendance:		
Mic/Lectern Available:	Yes No	_ LED Projector:	Yes No	Screen: Yes	No
Photo/Bio Desired Yes	No	ı	Media Coverage p	lanned: Yes	_ No
You will be met by			Telephone _		
Accommodations have	been planned as f	follows:			

E-Mail or Send this form to: