



COMBINED FEDERAL CAMPAIGN

EVENT REQUEST FORM

CFC Zone _____

Please complete one form for each event and submit at least two weeks prior to your event to cfcevents@maguireinc.com and cc: laura@GatewayCFC.org

Federal Agency Information

Federal Agency _____		
CFC Coordinator Name _____	Phone _____	Email Address _____

Event Information

Event Date: _____	Event Start Time: _____	Event End Time: _____
Event Address: _____		
Event Contact: _____	Day of Phone/Email: _____	
Number of Expected Attendees: _____		
Event Type:		
<input type="checkbox"/> Charity Fair	Type: _____ <small>(Health, Environmental, Military, etc)</small>	How Many Tables/Charities: _____ <small>(Must provide one table per charity requested)</small>
<input type="checkbox"/> Speaker	How Many: _____	Speaker Presentation Length: _____ (mins)
Specific Charities/Causes Requested (if any): _____ _____		

Additional Information (parking, security or entrance instructions, dress code, event details; etc):

To cancel or reschedule your event, contact cfcevents@maguireinc.com, as well as confirmed speakers as soon as possible.