



**WRJ NORTHEAST DISTRICT
LINK SPEAKER REQUEST FORM**

DATE OF REQUEST _____

SISTERHOOD _____

CITY, STATE, ZIP CODE _____

YOUR NAME _____ POSITION _____

SISTERHOOD PRESIDENT (IF NOT PERSON COMPLETING THIS FORM) & CONTACT INFORMATION

HOME PHONE _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

CHECK ALL AREAS THAT APPLY TO THIS REQUEST

DATE FOR ENGAGEMENT _____ ALTERNATE DATE _____

- | | |
|--|---|
| <input type="checkbox"/> GENERAL SISTERHOOD MEETING | <input type="checkbox"/> SISTERHOOD SHABBAT SERVICE & SERMON |
| <input type="checkbox"/> INSTALLATION SERVICE | <input type="checkbox"/> OPENING MEETING OF SEASON |
| <input type="checkbox"/> DONOR MEETING | <input type="checkbox"/> BOARD MEETING (Please indicate time) _____ |
| <input type="checkbox"/> SPECIAL INTEREST MEETING (i.e. Circle of Service, WUPJ) | |
| <input type="checkbox"/> SPECIAL MEETING (i.e. 25 TH /50 TH anniversary) | |

PLEASE INCLUDE ALL NECESSARY DETAILS (for celebration, meeting)

DETAILS OF LINK SPEAKER REQUEST

TIME & PLACE OF MEETING _____

ATTENDANCE EXPECTED _____

1. WHAT SPECIFIC ISSUES WOULD YOU WANT YOUR SPEAKER TO ADDRESS? WHAT IS THE THEME OF YOUR PROGRAM? _____

2. PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR SISTERHOOD THAT YOU FEEL WILL BE HELPFUL FOR YOUR SPEAKER TO KNOW. _____

Mail to: Pam Carlton
495 Castleton Ave
Staten Island, NY 10301