

Officer Invited		
Network Name:		
Date of Event:	Dates to Arrive/Depart:	
The exact location of the Event (Se	end Detailed Directions):	
Hotel/Facility:		_
Address:		-
Phone:	Confirmation #:	_
Will the Officer's room be in the sar	me location? Y or N	
If not, where will it be?		_
	ost/Hostess throughout the visit? Phone #?	
What type of participation would yo	ou like from the Officer? (Speaker, Workshop, Panel, Installing New	Officers):
	Time allotted for talk: Time To Arrive:	
Will there be another function the	Officer will be attending? (le: social, etc.): Y or N	
Date:	Time:	
Location:		
Attire:		
Will you need the following equipm	ent:ScreenProjectorSpeaker	
*Please, have someone available to	o retrieve these items from the Officer upon arrival.	
Please supply/attach any additional	information that may be helpful. (Event Flyer, Specifics)	
District Vice President:		_
Your Name:	Your Phone #:	

Please submit your invitation to: state@wcrflorida.com