

REQUEST FOR DEPARTMENT PRESIDENT'S OFFICIAL VISIT

UNIT # _____ TOWN _____ COUNTY _____ DISTRICT # _____

CONTACT PERSON AND TITLE _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____

TELEPHONE HOME (_____) _____ WORK (_____) _____

FIRST CHOICE	INFORMATION	SECOND CHOICE
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	DATE OF VISIT	
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	OCCASION	
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	TYPE OF MEETING Unit, County, District, Other - please specify	
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	TIME	
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	LOCATION NAME Post Home, School, Restaurant, Church, etc.	
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	LOCATION PHONE NUMBER	
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	LOCATION ADDRESS Need street name and building number	
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	DIRECTIONS FROM MAJOR HIGHWAYS	
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	TYPE OF AUDIENCE Auxiliary, Legion, both	
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	TIME ALLOTTED FOR PRESIDENT'S SPEECH	
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	OTHER SPEAKERS	
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	ADDITIONAL REMARKS, COMMENTS	
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PLEASE MAIL THIS REQUEST DIRECTLY TO: (PLEASE ENCLOSE A MAP OF THE LOCATION, DIRECTIONS, AND STREET ADDRESSES.)	Mary Sebben, 515-978-6339 642 SE Williams Ct. Waukee, IA 50263
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