



Request for Speaker Palm Tran CONNECTION Outreach Presentation

Today' Date _____

Name of Group or Organization _____

Requested by _____ Phone _____

Date of event _____ Time of event _____

**Please note we cannot guarantee weekends*

Length of talk/event _____ Estimated attendance _____

Contact _____ Phone _____

Address of contact _____

Address/location of event _____

_____ Phone _____

Directions to location of event _____

Special instructions _____

PLEASE INDICATE POPULATION(S) SERVED

- | | | |
|---|---|---|
| <input type="checkbox"/> Seniors (non-disabled) | <input type="checkbox"/> Civic Organization/ Club/
Senior Community/
School | <input type="checkbox"/> Assisted Living Facility/
Nursing Homel |
| <input type="checkbox"/> Disabled | | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Employment Training | <input type="checkbox"/> Seniors (disabled) | |

Please fax or mail your completed form to:
Palm Tran CONNECTION
ATTN: Gloria Galloway, Outreach Manager
3044 S. Military Trail, Suite D • Lake Worth, FL 33463
(561) 649-9848 ext 3632 • (561) 649-0685 FAX

