



REQUEST FOR LEADERSHIP SERVICES

Instructions:

Complete and send/e-mail directly to the First District Vice President of Leadership Services - leadership@pta1.org and the President - president@pta1.org for approval.

Council President _____ **Council PTA** _____

Phone _____ **Cell** _____ **Email** _____

District Officer(s)/Chairman Requested	Field Service Topic Requested	Time Allotted	Handouts Needed	Date Confirmed w/participant

Services Requested (check all that apply)

- Workshop
 Board Training
 Council/Unit Assistance
 Guest Speaker

Meeting Information

Date: _____ Time to start: _____ To end: _____

Name of meeting venue: _____ Room: _____

Street address: _____

City: _____ Zip: _____

Program Topic: _____ Anticipated number in attendance: _____

Audience will be composed of representation from:

- Units Council Teachers Administrators
 Students Community Other: _____

The event will be publicized by:

- Fliers Council/Unit Newsletters E-mail Blasts Website

The room will be equipped with the following:

- Table with microphone Podium with microphone Floor microphone
 LCD projector Computer Screen

Field Service Approved _____ Date: _____

First District Vice President of Leadership