**REQUEST FOR SPEAKER/TOUR**

**Event Scheduling Deadlines for 2009-10**

<table>
<thead>
<tr>
<th>Request Deadline</th>
<th>Type of Event</th>
<th>Date of Event</th>
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<tr>
<td>June 1, 2009:</td>
<td>Large Event: Multi-class/Multi-grade</td>
<td>August 2009 – January 2010</td>
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<tr>
<td>Sept. 1, 2009:</td>
<td>Large Event: Multi-class/Multi-grade</td>
<td>February – May 2010</td>
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</table>

**NOTE:** K-5 per event fees apply and are billed separately.

School Name/District ____________________________________________ Class/Subject ______________

School Address

Contact Person____________________________________________________ Preffered Contact Method: ______ Email ______ Phone

Email_________________________________________________________ Phone #________________ Fax #________________

In order to add value and relevance to this experience, please complete the following:

Alignment to Teaching Goals _______________________________________

Connection to Curriculum _________________________________________

Plans for Preparation ___________________________________________

Plans for Follow-Up _____________________________________________

Please complete the information below:

1. Career Pathway
   - Agriscience & Natural Resources
   - Arts & Communication
   - Business/Information Management & Marketing
   - Engineering/Industrial Technological Services
   - Family & Human Services
   - Health Sciences

2. Do you have a business or career area/profession in mind with which we can start?
   - 1st Suggestion ______________________________________________
   - 2nd Suggestion ______________________________________________
   - 3rd Suggestion ______________________________________________

3. Possible dates & times: 1st Choice _____________________________ Time Range________________
   - 2nd Choice _____________________________________________ Time Range________________
   - 3rd Choice _____________________________________________ Time Range________________

4. Dates that will NOT work (testing, etc.): __________________________

5. Number of Participants ____ Grade level of students, if applicable ____ Special accommodations needed ____________________

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Please send to The Workplace Learning Connection
Cedar Rapids Office – Ann or Barb
Phone: 398-1040 Fax: 398-1041
GWAEA Van Mail 2-2

Iowa City Office - Jennifer
Phone: 887-3648 Fax: 887-3657
GWAEA Van Mail 2-1