

AAUW-MN LEADER ON LOAN REQUEST FORM

Instructions:

Print the form using the print option of your browser

Retain one copy for your branch records

Send one copy to: Carol Sheggeby, 815 Eagan Oaks Lane, Eagan, MN 55123

email: csheggeby@gmail.com

Branch _____ Date _____

Contact Person _____ Position _____

E-mail _____ Phone _____

Address _____

City _____ Zip _____

Date and Time of Visit _____

Alternate Date/Time _____

Type of Event/Meeting _____

Expected Attendance _____ Will other branches be invited? _____ (Please List)

Purpose or Goal of the Meeting/Event: _____

Role of the Leader requested: _____

Does your branch need special AAUW materials or brochures? _____

Name of Leader and Topic Requested: _____

First Choice: _____

Alternate _____