



Request for Presentation Speaker/Attendance
by UAW Trust and/or Health Plan Representative

Event Name: _____

Date: _____ Time: _____ Name of Local or IAC _____

Location Address: _____

Retiree Chapter Chairperson Name _____ Phone# _____

Please provide a point of contact at location to answer questions about audio/visual capacity and other logistics for the event.

Contact Name: _____ Phone: _____

Purpose of the Event: _____

Please check all items available for use and in working condition at location:

- Projector Laptop Microphones DVD Player & A/V Display

Primary Audience: Retiree Trust Members/ Surviving Spouse Future Members

Union/ Benefit Representatives Other (please specify) _____

Auto Groups involved: GM Ford Chrysler Other _____

Number of attendees anticipated: _____

Requesting the presence of: the Trust Medco Health Plan (please specify)

Specific topics or information request to be covered in presentation:

Requested by: _____ Title: _____

Contact number: _____ Email: _____