

**Auxiliary Fundraising Event Details & Speaker**

**Request Form – Phase Two**

Please submit to the Ways and Means VP and AuxiliaryOffice@rchsd.org at

least two months in advance for reference and approval.

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| **EVENT INFORMATION** |

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| Unit: |  | Event Name: |  |

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| Event Date: |  | Time: |  |

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| Event Venue and Address: |
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| Fund Designation (if Out-Unit): |  |

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| --- | --- |
| Event Chair(s): |  |

|  |  |
| --- | --- |
| Unit Chair(s): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  |  |
| * Program Emcee: |  | | | |

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| **EVENT TIMELINE** |

\*Please include/attach a detailed event timeline, including details like registration, cocktail hour, meal, auction, order of speakers, etc.

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| **SPEAKER INFORMATION** |

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| Type of Speaker: | * Foundation Representative | * Doctor/Department Representative | |
|  | * Patient/Patient Family | * Other: |  |

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| Preferred Length of Speech: |  | Assigned Speech Time: |  |

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| Special Instructions / Details: |
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| Additional Speakers, Emcees, Auctioneers: |
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