



Program Request Form Authors on Main Street

Sponsoring Organization

Name

Address

City/State/Zip

County

Web/Email Address

Phone

Fax

Program Coordinator

Name

Address (if different than sponsoring organization)

City / State / Zip

County

Web / Email Address

Phone

Fax

Program Information

Author's Name

Program Title

Date

Time

Program Location

Address

City/State/Zip

How did you learn about UHC's programs?

How will you publicize this program?

Application Checklist

(all statements must be initialed before application will be considered)

____ I have already confirmed with the author that he/she is available on the date provided above and this program will take place at least 30 days after submission of this request

____ I agree to be responsible for facilitating this program, for filling out a program coordinator evaluation form, and for having at least 3 audience members fill out audience evaluation forms

____ I agree to introduce the author orally and credit UHC for providing the program in all publicity

____ I understand that I will need to document matching funds (cash or in-kind donations) for each dollar UHC will provide

____ I understand that I will receive a written confirmation if the program is approved, and I will not publicize the event until I receive such a confirmation

____ I understand that UHC will not provide funds for an author or program title not listed on UHC's website

____ I belong to _____ state legislative district and _____ congressional district (You may consult the following website for more information on state legislative district numbers: <http://le.utah.gov/Documents/find.htm>)

What is the estimated audience size?

Office Use Only

Approved Program # _____

Date Received _____

Approved by _____

Honorarium _____

Mileage
____ X .40 _____

Per Diem _____

Lodging
(by receipt) _____

Total _____

Notes: