

**WCILC BOARD MEETING  
REQUEST ATTENDANCE FORM**

Name of Person or Agency: \_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Purpose of attending meeting: \_\_\_\_\_

Length of time to be scheduled: \_\_\_\_\_

Date and time to be scheduled: \_\_\_\_\_

Number of people attending: \_\_\_\_\_

A/V or accommodations needed: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

***Send to:***

***WCILC 106 East Doty St, Ste 3A Madison, WI 53703, or email [mryan@gdinet.com](mailto:mryan@gdinet.com)***

***Phone 608-251-9151v/tty, 800-690-6665 Fax: 608-251-9152***

***(9/13/01)***