

LIVING TRADITION COUNCIL: UU PROGRAM DATABASE SUBMISSION

Name of speaker/presenter:

Address:

Telephone numbers: Home _____ Business _____

Email address:

Category

Please check all that may apply:

- Speaker**
- Performance Artist (Dance, drama, readings, etc.)**
- Musician Instrument played _____**

Topic/s of Talk or Presentation:

Please check all that may apply:

- Theology**
- Spirituality**
- Eastern Religions**
- Middle Eastern Religions**
- Environmental Issues**
- Other _____**
- Literature**
- Self Awareness/Growth**
- Relationships**
- Social Issues**

Relevant comments on background and focus of interest/area of expertise of speaker/presenter.

Special abilities (if any)

Special needs (if any)

Name of reference person in your congregation who could answer questions about the speaker/presenter,

Telephone number/s of reference person. _____ Email _____

**Please mail completed Forms by Feb. 15th to FLORIDA DISTRICT UUA
1901 E. Robinson St. Suite 18, Orlando, FL 32802
Attention: Living Tradition Council**