

SPEAKER REQUEST FORM

Name of Event: _____

Organization Name: _____

Date of Event: _____ Time of Event: _____

Nature of Organization/Mission: _____

No. of persons to attend: _____ Suggested length of speech: _____

Suggested topic: _____

Event includes: Breakfast ___ Lunch ___ Dinner ___ Reception ___

Contact Person

Name: _____

Title: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Location Information:

Location of Event: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Return form to:

Governor's Office of Consumer Protection

2 M. L. King, Jr. Dr., Suite 356

Atlanta, Georgia 30334

Tel: (404) 656-3790

Fax: (404) 463-8683