

# 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: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## **Location Information**

Location of Event: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Return Form to:**

**Georgia Department of Law  
Consumer Protection Unit  
2 M.L. King, Jr. Dr., Suite 356  
Atlanta, GA 30334  
Tel: (404) 656-3790  
Fax: (404) 463-8683**