

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 Division
2 M.L. King, Jr. Dr., Suite 356
Atlanta, GA 30334
Tel: (404) 458-3800
Fax: (404) 463-8683**