



**Speaker's Bureau
Presentation Request Form**

Attention: Julie Benn / Communications Specialist

Fax To: 619-584-5569

From (Name): _____

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Name of organization: _____

Brief description of organization: _____

Type of presentation you are interested in: _____

Number of people in your audience: _____

Location of presentation: _____

Date of presentation requested: _____

Contact name: _____

Contact phone: _____

Contact fax: _____

Contact e-mail: _____