



SPEAKER'S BUREAU PRESENTATION REQUEST



Contact Information

Name of Group / Organization:	TODAY'S DATE:
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Contact Name:	Email:
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Phone:	Fax:
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Address:

Desired topic/presentation (*Please select 3 topic options, starting with highest preference*):

(Option 1):

(Option 2):

(Option 3):

Date (*Please select 3 date options, starting with highest preference*):

(Option 1):

(Option 2):

(Option 3):

Desired Presentation Start Time: _____ Desired Presentation End Time: _____

Anticipated # of participants: _____

Does your organization have access to an online conferencing platform (Zoom, Webex, etc.)?

If so, please write the name of the platform here:

Comments:

How did you hear about our Network?

Please email to: AreaAgencyonAging@occr.ocgov.com, or fax to (714) 567-5021

Any questions, please contact the Speaker's Bureau Network representative, or the Call Center Manager at 714-480-6450

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