

**SPEAKER REQUEST FORM**

Name of Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Date and location of event: \_\_\_\_\_

\_\_\_\_\_

Time: \_\_\_\_\_

Desired length of presentation: \_\_\_\_\_

Topic(s) you would like addressed (please check one to three boxes):

Elderly Fraud      Auto Sales      Identity Theft  
Home Improvement    Credit      Debt Collection  
Landlord/Tenant      Other (please specify): \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_

Directions to event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please mail or fax this form to:*

Ms. Milagros S. Johnson, Director  
Mayor's Office of Consumer Information  
City Hall  
36 Court Street  
Springfield, MA 01103-1699  
Tel: (413) 787-6437  
Fax: (413) 787-7781