

SPEAKER REQUEST FORM

Name of your Organization: _____

Contact person: _____

Telephone number: _____ Email: _____

Date and location of event: _____

Time: _____ Desired length of presentation: _____

Topic(s) you would like addressed (please check only one box per event):

Elder Scams/Fraud ___ Auto Sales ___ Identity Theft ___

Home Improvement ___ Credit/Financial Literacy ___ Debt Collection ___

Other (please specify): _____

Is this an in-person _____ or virtual presentation/workshop _____ (please check one)

Estimated number of participants: _____

Do you provide equipment for a Power Point presentation? _____

Directions to event or specific instructions:

Please mail, fax or email this form to:

Ms. Milagros S. Johnson, Director
Mayor's Office of Consumer Information (MOCI)

City Hall, Room 315

36 Court Street

Springfield, MA 01103-1699

Tel: (413) 787-6437

Fax: (413) 787-7781

Email: moci@springfieldcityhall.com

(MOCI will respond/confirm within 24-48 hours)