

Request for Guest Speaker/Presentation

Name: _____

Organization/School: _____

Event Details: _____

Address of Event: _____

Phone Number: _____

Email: _____

County/City: _____

Audience:

_____ Students – grade level _____

_____ Adults

Audience size: _____

Topic: _____

Date Requested: Please give 3 or 4 options

1) _____

2) _____

3) _____

4) _____

Time of Day: _____

Desired length of presentation: _____

Equipment available: VCR ____ DVD ____

Please fax completed form to CVWMA, Attn: Public Information Dept.
at (804) 359-8421