



REQUEST FOR SPEAKER

Organization Information

Organization Name: _____

Contact: _____ Phone: () _____

Address: _____

City: _____ State: _____ ZIP: _____

e-mail: _____ Fax: () _____

Meeting Information

Place of Meeting: _____

Date(s) of Meeting: _____ Time of Meeting: _____

Type of group: (students, senior citizen, etc.) _____

Nature of meeting: (e.g. annual, luncheon, etc.) _____

Topic requested: _____

Anticipated Audience Size: _____

Time allowed for speech: _____ For Questions & Answers: _____

Microphone available? Yes No

Podium available? Yes No

Audio visual available? Yes No

How would you describe the meeting setting?

Single Speaker Formal

Panel Informal

If YES, then note those that apply:

VHS Overhead projector

Screen Slide projector

Please mail or fax this form to:

Virginia State Bar
707 E. Main Street, Suite 1500
Richmond, VA 23219-2800
ATTN: Dawn Chase

Fax: (804) 775-0582

VSB use only