Department of Consumer Affairs

SPEAKER REQUEST FORM

Thank you for contacting the Department of Consumer Affairs' Speakers Bureau. Your answers to the following questions will enable us to determine how we may best honor your request. A fact sheet on the Department of Consumer Affairs has been included with this form to give you an introduction on the Consumer Protection Services of our department. **Due to the increased number of speaking request and limited staff, we need you to guarantee a minimum of 15 audience participants at this event. A 30 day advanced notice is advised.**

PLEASE PRINT OR TYPE

1. Answer each of the following:
   - NAME of the Organization:_____
   - DATE of the Event:_____ TIME:_____ am/pm
   - LOCATION of the event:_____
     _____
     _____
   - Type of request: ☐ Speaker/Presentation ☐ Information table/booth ☐ Inside ☐ Outside
   - Topic of Presentation:_____
   - Is this Presentation for a contract or grant requirement? ☐ Yes ☐ No
   - Type of audience:_____ Estimated attendance:_____
     (i.e., students, seniors, advisory commission, etc.)
   - Length of presentation:_____ Length of Question & Answer period:_____
   - Are you a non-profit organization? ☐ Yes ☐ No ● Will there be an entry fee for this event? ☐ Yes ☐ No
   - How will you publicize this event? _____
   - Will complimentary parking be provided for our speaker? ☐ Yes ☐ No
2. Briefly describe the services of your organization. Please provide any literature or a fact sheet on you organization. You may use the back of this form if needed. _____
   _____
3. Program Contact Person: _____
   - Address: _____
   - City, State, Zip code: _____
   - Telephone: _____Fax:_____
   - E-mail: _____

Please complete and return this form to the Department of Consumer Affairs by one of the following:

E-mail:
dsmith@dca.lacounty.gov

U.S. Mail:
Department of Consumer Affairs
500 West Temple Street, Room B-96
Los Angeles, CA 90012

Fax:
(213) 687-4826
Phone:
(213) 974-4120