

4CS SPEAKER REQUEST FORM

Your Contact Information:

Your Name: _____ Organization: _____

Your Phone: (____) _____ Email Address: _____

Your Fax #: (____) _____ Best time to contact you: _____

Information About Your Event:

We may need additional descriptions/information, later, as we are planning your event, together.

Name or Purpose of Event: _____

Specific Location of Event: _____; Indoor or Outdoor?

Date: _____ Starting Time: _____ Ending Time: _____

Anticipated number of attendees: _____

Any special set-ups, equipment or other needs?

Formal Presentation or Workshop or Combined (Retreat) Presentation?

Topic(s) Requested?

Requesting a specific speaker by name (optional) or requesting a group (multiple speakers) presentation?

Please send your request to:

4CS Secretary, secretary@cccs.org

(Secretary shall forward requests to 4CS President who will respond within 14 days with assignments)