

SPEAKING REQUEST FORM

Name of Event: _____

Expected attendance: _____

Key people attending: _____

Date of Event: _____ **Starting time:** _____

Time AG's remarks to begin _____ **Length of AG's remarks:** _____

Suggested topic of remarks: _____

Media organizations attending: _____

Attire (formal/business/casual): _____

Event includes (circle): **Breakfast** **Lunch** **Supper** **Reception** **Other**

Sponsoring

Organization: _____

Nature of Organization/Mission: _____

Web address (if any): _____ **(If you do not have a website, please attach additional information on your organization to this request.)**

Contact Person

Name: _____ **Title:** _____

Phone: _____ **Fax:** _____

E-mail: _____

Logistics

Location of event: _____

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Event location phone: _____

Approximate travel time from Atlanta (by car): _____

Return form to: Devaan Bernard

dbernard@law.ga.gov

Georgia Department of Law

40 Capitol Square, S.W.

Atlanta, GA 30334

Phone: (404) 656-3306

Fax: (404)-657-8733

Office Use Only

Date confirmed: _____

Date regretted: _____

Date to Press Office: _____