

SPEAKING REQUEST FORM

Name of Event: _____
Organization Name: _____
Date of Event: _____
Time of Event: _____ Actual time of AG's speech _____
Previously extended invitations: _____
Accepted? _____ Declined? _____

Background

Nature of Organization/Mission: _____
No. of persons to attend: _____ Suggested length of speech: _____
Functions of AG (speech, dedication, etc.): _____
Suggested topic of remarks: _____
Key people attending: _____
Media organizations attending: _____
Attire (formal/business/casual): _____
Event includes (circle): Breakfast Lunch Supper Reception Other

Contact Person

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime phone: _____ Evening phone: _____
Fax: _____ e-mail: _____

Location information (PLEASE ATTACH DIRECTIONS FROM ATLANTA)

Location of event: _____
Street address: _____
City: _____ State: _____ Zip: _____
Event location phone: _____
Approximate travel time from Atlanta (by car): _____

ADDITIONAL INFORMATION (IMPORTANT):

Please provide information on the history and background of your organization/association AS WELL AS SPECIFIC INFORMATION ON THE HISTORY/BACKGROUND THIS EVENT. Identify your officers and/or board members. Also provide information on any programs your organization supports, projects you are involved in, mentorships/sponsorships, etc.

Return form to: Pat Witte
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: _____
By: _____
Support staff: _____