Please fill in the Request for Speaker form below.
Print and mail, email, or fax with your letter of invitation to our address or number on the instruction page.

CDC VOLUNTEERS SPEAKERS' BUREAU

DATE REQUEST MADE: _____

WHERE: _____

WHEN: _____

REQUESTOR:

ORGANIZATION:

ADDRESS:

[Address (line 2)]

[Address (line 3)]

[Address (line 4)]

PHONE NUMBER: (_____ **)** _____ **FAX NUMBER: (** _____ **)** _____

E-Mail address: _____

ABOUT YOUR GROUP/SCHOOL/ORGANIZATION:

MEETING/CONVENTION:

SUBJECT OF SPEECH:

WHEN? (date and time)

WHERE? (Location, street address, city, state) _____

_____

AUDIENCE: _____ **HOW MANY?** _____

COMMENTS:

Reset Form