



**CRLA**

# SPEAKER REQUEST FORM

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Date of Event (if flexible please indicate range): \_\_\_\_\_

Time of Event: \_\_\_\_\_

Location of Event (please include full address): \_\_\_\_\_

\_\_\_\_\_

Audience Size: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

\_\_\_\_\_

Specific speaker requested? Specific topics to cover? \_\_\_\_\_

\_\_\_\_\_

What is your budget for this speaker \$ \_\_\_\_\_

**Please return this form to California Rural Legal Assistance, Inc.:**

c/o Development Department ♦ 631 Howard Street, Suite 300, San Francisco, CA 94105

**Direct.** 415-777-2794 ext. 309 ♦ **Fax.** 415-543-2752