

LEAGUE OF WOMEN VOTERS OF SAN DIEGO
SPEAKER REQUEST FORM

Date of Call or First Contact _____

Name of Person Calling or Contacting the LWVSD _____

Title/Relationship _____

Organization/Group _____

Mission of Organization/Group _____

Date of Requested Speaking Engagement _____ Hour _____

Purpose of presentation _____

Title of Presentation _____

Time allowed _____

Number Expected to Attend _____ Age Range _____

Audio/visual Equipment Available _____

Location/Address of Program _____

Phone for Emergency Contact _____

Speaker Assigned _____

Cell Phone and Email of Speaker _____

Name and Contact of Leaguer Handling Request _____

Requested feedback (After the presentation, please let us hear from regarding the following.
Was the presentation what you expected?

How could it have been improved?

Mail to LWVSD 7710 Balboa Ave, Suite 224A, San Diego, CA 92111