



SPEAKER REQUEST FORM

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
165 CAPITOL AVENUE
HARTFORD, CT 06106

(860) 706-1220 – Fax

1. Please type or print CLEARLY
2. Return form to Agency at address/fax shown above

EVENT:			
SPONSORED BY:		PHONE:	
CONTACT:		FAX:	
E-MAIL ADDRESS:		DATE	TOPIC TO BE COVERED
ADDRESS:		CITY/TOWN	
EVENT BEGINS AT: (TIME)	ENDS AT:	SPEAKER WILL BEGIN AT: (TIME)	TIME ALLOTTED FOR SPEAKER: MINUTES
ESTIMATED NO. OF ATTENDEES:		AUDIENCE TYPE: (e.g., CHAMBER OF COMMERCE, RETIREES)	
SPECIAL REQUESTS/RECOMMENDATIONS (e.g., QUESTION AND ANSWER PERIOD, MATERIALS):			