



## Speakers Bureau Request Form

Upon completion, email the form to [dssasu@co.fresno.ca.us](mailto:dssasu@co.fresno.ca.us). For assistance in completing this form, please contact DSS Administration at (559) 600-2300 or email [dssasu@co.fresno.ca.us](mailto:dssasu@co.fresno.ca.us).

Please tell us about yourself:

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

Title \_\_\_\_\_

Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address  
(if different): \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please tell us about the event:

Location of Presentation: \_\_\_\_\_

Topic Desired: \_\_\_\_\_

Date and Time of Presentation: \_\_\_\_\_

Alternate Dates and Times: \_\_\_\_\_

Duration of Activity: \_\_\_\_\_

Please describe the target audience: \_\_\_\_\_

Approximate number of attendees: \_\_\_\_\_

Speaker Name (if known): \_\_\_\_\_

Other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_