

**LCCAA Speaker's Bureau  
REQUEST FOR SPEAKER**

*Please complete all applicable sections - PRINT CLEARLY*

**Fax to 440-245-3085 (no cover sheet needed)  
or mail to 936 Broadway Avenue, Lorain, OH 44052  
Questions? Call 440-204-3121**

<b>SECTION 1 - MEETING/EVENT INFO</b>	<b>SECTION 2 - SPONSORING ORGANIZATION INFO</b>
1. Name of meeting/event	1. Name of organization
2. Date and time of meeting/event	2. Full name and title of primary point of contact (POC)
3. Location of meeting/event	3. Address of primary POC
4. Audience size & composition	4. Home or cell phone number of primary POC
5. Have you had any previous LCCAA speakers for your meeting/event?	5. Work phone of primary POC Phone (     )
6. What topic is preferred?	6. E-mail address(es) of primary POC
7. If an event, Is there a charge to attend? If yes, please specify amount <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Alternate POC, if applicable
8. Is the public invited to this event? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is your organization a: <input type="checkbox"/> Civic organization <input type="checkbox"/> Government organization, or <input type="checkbox"/> Other? (please specify)
9. How did you learn about requesting a LCCAA speaker?	9. Can your organization provide computer and/or audio-visual equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No