



2715 Murdoch Avenue Suite B4  
Parkersburg, WV 26101  
304-485-3141

## Consumer Credit Counseling Service of the Mid-Ohio Valley Request for Speaker

Your Organization's Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

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

Location of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address \_\_\_\_\_

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

Anticipated number of attendees: \_\_\_\_\_

Profile of Group: (Management, Labor, Age, Sex): \_\_\_\_\_

Length of Presentation: \_\_\_\_\_ Minutes

Preferred Topic: \_\_\_\_\_

Any additional Information that might help us prepare a meaningful presentation for the group? \_\_\_\_\_

