



# COALITION FOR HUMANE IMMIGRANT RIGHTS OF LOS ANGELES

## Speaker Request Form

**Contact Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Event** (presentation, workshop, panel, training, etc):

**Event Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Time and Length:** \_\_\_\_\_

**Language** (Spanish/English):

**Expected number of people:**

**Address and Geographic Area:**

**Description of Audience:**

**Topics to be covered:**

**Other Comments:**

*We will attempt to find a speaker for your requested presentation. If a speaker found, you will receive confirmation with further information so that you may contact them directly. If we are unable to meet your request we will let you know. Please attach any fliers and/pr outreach materials used to attract people to the event.*

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### For Office Use Only

**Speaker:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Actual # of attendees:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Materials: pick-up:** \_\_\_\_\_

**Copies: (Y/N):** \_\_\_\_\_