

LA OPERA SPEAKERS BUREAU SPEAKER REQUEST FORM

Date Confirmed: _____

Date Confirmation Sent: _____

Date & Time of Presentation: _____

Speaker Assigned: _____

Section to be completed by staff

Name of Organization: _____

Contact Name: _____

Address: _____

Telephone (Work): _____ (Home): _____

Organization Address (if different): _____

Location of Presentation (please include parking details):

Specific Information about Presentation:

Date and Time speaker requested:
(in order of preference)

1. _____

2. _____

3. _____

Topic(s) to be Covered:

Anticipated Audience Size: _____

Length of Presentation: _____

Please send complete request form to:
Community Programs, LA Opera
135 N. Grand Ave., Los Angeles, CA 90012
Or 213-972-3007 fax

Upon receipt of this request form a LA Opera staff member will contact you to follow up.