



COMMONWEALTH OF MASSACHUSETTS

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External Event Speaker Request Form

Event Contact Person

Sponsoring Organization: _____

Contact Name: _____

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Event Details

Event Name: _____

Location: _____

Date: _____ Time: _____

Length of Presentation: _____ Number of People Expected to Attend: _____

Will Audio/Video Equipment be available for use? Yes No

Nature/Subject/Type of Presentation

Please detail the nature of the presentation or material you would like the Representative from the Department to discuss. Although we cannot accommodate every subject matter, we will do our best to cater our presentation to your needs. Please be sure to include any special requests related to your audience (i.e. alternative materials, language needs, etc.)

Please return this form to:

Department of Telecommunications and Cable
Attention: Consumer Division
One Federal Street, Suite 0740
Boston, MA 02110

Or by email, consumer.complaints@mass.gov

Thank you for your invitation!

A Department representative will be in touch with you soon to discuss your request!