



# COMMONWEALTH OF MASSACHUSETTS

## Department of Telecommunications and Cable

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COMMISSIONER

### *Outreach Event Speaker Request Form*

#### **Event Contact Person**

Sponsoring Organization: \_\_\_\_\_

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

Contact Position: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Organization Website: \_\_\_\_\_

#### **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 your audience (i.e. alternative materials, language needs, etc)

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**Please return this form to:** Department of Telecommunications and Cable  
Attention: Deputy Director, Consumer Division  
1000 Washington Street, Suite 820  
Boston, MA 02118

Or by email, [consumer.complaints@mass.gov](mailto:consumer.complaints@mass.gov)

***Thank you for your invitation!***

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