

## **COMMONWEALTH OF MASSACHUSETTS**

#### **Department of Telecommunications and Cable**

One Federal Street, Suite 0740, Boston, MA 02110 (617) 305-3580 www.mass.gov/dtc

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# External Event Speaker Request Form

#### **Event Contact Person**

Sponsoring Organization:		_
Contact Name:		_
Contact Position:		_
Organization Address:		
Contact Telephone Number: Mo	obile Number:	_
Contact Email:		
Organization Website:		_
<b>Event Details</b>		
	<u> </u>	
Event Name:		
Event Name:  Location:		
Location:	Time:	
Location:  Date:  Length of Presentation:	Time:	

## Nature/Subject/Type of Presentation

cater ou	Department to discuss. Although we cannot accommodate every subject matter, we will do our best cater our presentation to your needs. Please be sure to include any special requests related to your audien (i.e. alternative materials, language needs, etc.)					
(1.e. ane	fnative materials, fai	iguage needs, etc.	)			
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### **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!