



**WISCONSIN COUNCIL**  
ON PROBLEM GAMBLING

## Speaker Request Form

Your name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone \_\_\_\_\_

Email \_\_\_\_\_

Preferred Speaking Date(s): \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Number of attendees: \_\_\_\_\_

Can you provide a computer, projector and screen? \_\_\_\_ yes \_\_\_\_ no

Considering the attendees and your organization, what would make this presentation a success?

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Additional information or expectations

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**FAX request to: 920-437-8995**

Requests must be received at least 3 weeks prior to event.  
Due to limited resources, not all requests can be filled.

Thank you for your interest in the Wisconsin Council on Problem Gambling  
[www.wi-problemgamblers.org](http://www.wi-problemgamblers.org)