



# South Carolina Department of Consumer Affairs



## PRESENTATION REQUEST FORM

### CONTACT INFORMATION:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### PRESENTATION INFORMATION:

LOCATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE(S): \_\_\_\_\_ TIME & PREFERRED DURATION: \_\_\_\_\_

ESTIMATED NUMBER OF ATTENDEES: \_\_\_\_\_

### TOPIC:

- Identity Theft
- Scams
- Financial Literacy
- Credit Reports
- Credit Repair
- Debt Collection
- Landlord Tenant Act
- Consumer Protections/ Law
- Other (please explain):

\_\_\_\_\_  
\_\_\_\_\_

### AVAILABLE EQUIPMENT: (Please check any of the following that are available for use by the presenter)

- Projector
- Screen
- Computer

Additional:

\_\_\_\_\_  
\_\_\_\_\_

Is this presentation open to the general public?  Yes  No

If so, will you permit SCDCA to advertise this presentation to the general public?  Yes  No

*Why do we ask? Because we want your event to be as well attended as possible! Don't worry, if you check "No" we will still come speak to your group.*

Please submit your request to: