



PRESENTATION REQUEST FORM

Presentation Type: In Person Webinar

Name: _____ Title: _____

Organization: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Presentation Information:

Location Address: _____

City: _____ State: _____ Zip: _____

Date(s): _____ Time and 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! If you check "No," we will still come speak to your group.

Please submit your request to: SC Department of Consumer Affairs | c/o Public Information Division
| scdca@scconsumer.gov | (f) (803) 734-4060