

SALT SPEAKER REQUEST FORM

Name of Organization: _____

Contact Person & Phone Number: _____

Dates & Locations of Meetings: _____

Time: _____

Estimated Number of Participants: _____

Directions to Event: _____

Thank you for giving us this opportunity to educate our community on fraud prevention!

***Please mail or fax this form to:*

EBR SALT Council
Speakers Bureau
Glen Spillman
P.O. Box 310
Zachary, LA 70791
Phone: (225) 654-1921
Fax: (225) 654-1913