

SPEAKER REQUEST FORM

Please return completed form to
kris@arcoslaw.com or by mail to address below

Name of Organization: _____

Contact Person Name: _____ Title: _____

Contact Person Phone: _____ Cell Phone: _____

Fax: _____ E Mail: _____ Office Hours: _____

Type of Organization or Business: _____

Requesting the Following Possible In-Service Dates:

Time of Meeting: _____

Length of presentation: 30 minutes 45 minutes 1 hour Other _____

Type of Meeting: Lunch Other _____

Approx. Number of Attendees: _____

Purpose of Meeting: In Service Monthly Meeting
 Quarterly Meeting Continuing Education (CEU)
 Other: _____

Meeting Location: _____

Address: _____
Street Address City Zip

Location Phone Number: _____

Carlos A. Arcos, Elder Care Planning Attorney
333 N. Santa Anita Avenue, Suite 8
Arcadia, California 91006-2845
kris@arcoslaw.com
Phone: 626-284-9003