Mailing Address: P.O. Box 26000, Sacramento, CA 95826 800.321.CSLB (2752) | www.cslb.ca.gov | CheckTheLicenseFirst.com | SeniorScamStopper.com

CSLB Speakers Bureau Request

TODAY'S DATE	EVENT	Γ DATE	EVENT TIME		ALTERNATIVE DATE A	ND TIME	
NAME OF YOUR ORGANIZATION					TYPE OF ORGANIZATION (trade, consumer, etc.)		
						,	
MEMBERSHIP INTERESTS / CONCERNS							
MEMBEROIII IN ELECTO / GONGERIA							
TYPE OF EVENT (monthly dinner meeting, conference, etc.)					WHERE WILL THE SPEECH FIT INTO THE PROGRAM?		
TOPICS OF INTEREST							
LANGUAGE OTHER THAN ENGLISH?					TRANSLATOR AVAILABLE?		
					☐ Yes ☐ No		
DESIRED LENGTH OF SPEECH TIME FOR QUESTIONS AND ANSWERS			G (Q&A)?	LENGTH OF TIME FOR	Q&A		
☐ Yes ☐ No							
TIME SPEAKER SHOULD ARRI	VE	ANTICIPATED AUDIEN	NTICIPATED AUDIENCE SIZE IS F		/AILABLE?	IS PARKING FREE?	
			Yes No		☐ Yes ☐ No		
EVENT ADDRESS AND ROOM							
AVAILABLE EQUIPMENT							
☐ PowerPoint [™] projector ☐ Computer ☐ Screen ☐ Table for materials							
				CONTACT EMAIL			
CONTACT PHONE NUMBER (Include area code)				CONTACT FAX			
. ,							
CONTACT ADDRESS (Include street, city, state, and zip code)							

Please print out and fax or scan and email your request at least three (3) weeks in advance to:

Contractors State License Board Attn: Public Affairs Office

Fax: 916.255.1395

Email: social@cslb.ca.gov