

Roanoke Valley Financial Crimes Task Force
PRESENTATION/GUEST SPEAKER REQUEST FORM

Agency/Group Name: _____

Point of Contact: _____ Phone: _____

Date of Event: _____

Time of Event (and requested length): _____

Location of Event (full address): _____

Number in Attendance: _____

Age Range: _____

Type of Audio/Video Equipment Available to Presenter:

- TV
- DVD Player
- VCR
- Computer (with MS PowerPoint)
- Wireless Presenter Remote/Pointer
- Computer Projector
- Projector Screen
- Audio Sound System/Microphone
- Podium

Special Requests: _____

-----TASK FORCE USE ONLY-----

Presentation Assigned To: _____

Date Assigned: _____