



SPEAKER REQUEST FORM

Contact Person: _____

Organization/Property Name: _____

Address: _____

City: _____ State _____ Zip _____

Email: _____

Phone: _____ Fax: _____

Address of Event: _____

Phone number at Event Location: _____

Type of Event: _____

Date of event: _____ Time of event: _____

Alternative dates (if any): _____

Information about audience: _____ Group Size: _____

Special directions to the event. _____

*****Crime Solvers requires that requests be submitted at least 30 days prior to event date*****

Please return this form to:
Virginia Beach Crime Solvers
2509 Princess Anne Road
Virginia Beach, VA 23456
Fax: 757-385-1099
Email: VBCrime@vbgov.com

Date confirmed: _____

CS Speaker: _____