



BUREAU OF AUTOMOTIVE REPAIR SPEAKER REQUEST FORM

EVENT INFORMATION			
TYPE OF EVENT	NAME OF ORGANIZATION HOSTING EVENT		
EVENT DATE <i>(At least 3 weeks advance notice requested)</i>	EVENT START TIME	EVENT END TIME	
TYPE OF AUDIENCE	ANTICIPATED AUDIENCE SIZE		
EVENT LOCATION	Number and Street	City	State Zip Code
CONTACT NAME	CONTACT PHONE NUMBER ()		
CONTACT EMAIL			
PRESENTATION DETAILS			
PRESENTATION START TIME	REQUESTED LENGTH OF PRESENTATION		
REQUESTED TOPIC OF PRESENTATION			
REQUESTED PUBLICATIONS / MATERIALS TO BE DISTRIBUTED			
<input type="checkbox"/>	Auto Body Inspection Program	<input type="checkbox"/>	Summer Driving
<input type="checkbox"/>	Consumer Assistance Program Application	<input type="checkbox"/>	Winter Driving
<input type="checkbox"/>	Consumer's Guide to Auto Repair	<input type="checkbox"/>	Write it Right
<input type="checkbox"/>	Some Things You Need to Know About Smog Check	<input type="checkbox"/>	Who We Are and What We Do (DCA)
<input type="checkbox"/>	Other:		
ADDITIONAL DETAILS / COMMENTS			

SUBMIT FORM

Submit completed form by clicking on the button above. Completed forms may also be submitted to:

Bureau of Automotive Repair
 Attn: Speaker Requests
 Email: BARProgramSupportUnit@dca.ca.gov
 Fax: (916) 464-3424