JUDICIAL SPEAKERS' BUREAU REQUEST FORM

Organization:_____

Type of Organization:_____

CONTACT

Name:_____

Address:_____

Telephone Number:_____

REQUEST:

Dates: (please list three options if possible) 1)_____

2)_____ 3)_____

Place:_____

Time:_____

Nature of the occasion and audience size:_____

_____

Amount of time for presentation:_____

Topic desired_____

Specific Speaker requested_____

Deadline for decision:_____

Judicial Speakers' Bureau
c/o Dyana Koelsch
Director of Public Information
Rhode Island Supreme Court
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Providence, RI 02903

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