

**St. Louis Volunteer Lawyers and Accountants for the Arts**  
**SPEAKER REQUEST**

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Organization/Class

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Contact Person

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Daytime Phone

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Cell Phone

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Email

Please describe your organization or class.

Please describe the topic(s) you would like the speaker to address.

How many people do you expect to attend? \_\_\_\_\_

How much time can be devoted to the presentation? \_\_\_\_\_

Please specify the date(s) and time(s) for which you would like a speaker. If there is a possibility of several dates, please list them.

Where do you plan to hold the session? \_\_\_\_\_

Please provide directions and parking instructions.

Is there anything else you would like to let us know so that we can find the best speaker possible for your group's needs?

Please return this form to: VLAA, 6128 Delmar, St. Louis, MO 63112; FAX 314/863-6932