Requested Speaker

Event Name			Contact Name
Event	Event		Contact Phone Number
Date	Time		
Event Physical Address	•		Contact Email
Number of	Speaker's Bio Needed	Yes	Alternate Contact Name & Phone
People Attending	for Introduction?	No	

Subject Matter to be Covered by the Speaker

Description of Group's Purpose, Interests or Other Relevant Information:

HOW TO RETURN THIS FORM:

cityclerk@cityofcapegirardeau.org

Fax: 573-339-6302

Mail: 401 Independence Street

For assistance, please call (573) 339-6320.