



Ambassador Request Form

Thank you for contacting the State Department of Consumer Affairs, Ambassador Program. Your answers to the following questions will enable us to determine how we can best assist you. A four (4) week advance notice is preferred.

PLEASE PRINT OR TYPE

Name of Organization

Topic of Presentation

Title of Event

Date and Time:

&

a.m. / p.m

Address of Presentation

Type of Audience (i.e., students, service clientele, advisory commission, etc.)

Anticipated Attendance

Duration of Presentation

Length of Question and Answer Period

Other Speakers at Event?

Hope to achieve/ goals at event

How will you publicize this event?

Briefly describe the services of your organization. Please provide literature or a fact sheet on your organization (if available). You may use the back of this form if needed.

Program Contact Person:

Address:

Telephone:

Fax:

E-mail Address:

Please mail or fax completed form to:
**Department of Consumer Affairs
Ambassador Program
1625 N. Market Blvd., Suite N-112
Sacramento, CA 95834
Fax (916) 574-8644**
