



Community-Based Presentation Request Form

United States Attorney's Office

Northern District of Indiana



Name of Requester: _____ Contact Number: _____

Requester Email Address: _____

Organization Name: _____

Requester/Organization Website: _____

Requested Date (s): _____ Time: _____

Event Description: _____

Suggested Topics: _____

If Topic is not listed: _____

Will the event be advertised: _____ How: _____

Estimated Audience Size: _____ Will Media Be Invited: _____

Audience Composition (i.e., students, attorneys, doctors, community members, etc)

Event Address: _____

City/State/Zip/Facility Phone: _____

Additional Information Helpful to Presenter:

SUBMIT

For any technical issues and questions, please email: USAINN.Conference@usdoj.gov