

Hillsboro 2020 Vision Speaker Request Form

Organization Name: _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Mailing Address (*if different*): _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

Location for presentation: _____

Potential Presentation date(s): _____

Time speaker is expected to arrive: _____ Time allotted for presentation: _____

Approximate number of people expected to attend the presentation: _____

Is a TV and VCR or DVD player available to play the *Hillsboro 2020: Many Voices, One Vision*? _____

Are there any particular Vision-related topics of interest to your organization?

For more information on Hillsboro 2020 Vision please visit www.hillsboro2020.org

Please complete and return to:

Address:

City of Hillsboro
Attn: Hillsboro 2020 Vision Project
150 E. Main Street
Hillsboro, Oregon 97123-3999

Fax:

(503) 681-6232