



Speakers Bureau Speaker Request Form

Please print clearly or type:

Contact Name _____

Organization _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

REQUESTED TOPIC:

- | | |
|--|---|
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Rights of the Disabled |
| <input type="checkbox"/> Buying or Selling A Home | <input type="checkbox"/> Starting a Small Business |
| <input type="checkbox"/> Consumer Rights | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Understanding Your Insurance Contract |
| <input type="checkbox"/> Divorce/Family Matters | <input type="checkbox"/> What If Your Rights Have Been Violated |
| <input type="checkbox"/> Employer/Employee Relations | <input type="checkbox"/> Wills/Death Of Loved One |
| <input type="checkbox"/> Estate Planning & Trusts | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Guardianship/Conservatorship | <input type="checkbox"/> Your Rights Against Bill Collectors |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Your Rights If You Are In An Auto Crash |
| <input type="checkbox"/> Personal Injury (property claims,
animal injuries, automobile crashes) | <input type="checkbox"/> Your Rights and Obligations as a Landlord/Tenant |

Additional Topics: _____

Date of Event _____

Time of Event _____

Location of Event _____

Speaking Time (approximate length) _____

Targeted Audience _____

Audience Count (approximately) _____

Return to
Genesee County Bar Association
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Mission Statement

The Genesee County Bar Association exists to serve the professional needs of our members, improve the justice system, and educate the public about the law and the role of lawyers.