



**DEPARTMENT OF JUSTICE**  
**OFFICE OF THE ATTORNEY GENERAL**

Proposed Date(s) and Time(s): \_\_\_\_\_

Facility for Presentation:

Site/Building: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Facility Description:

Projector: Yes\_\_\_\_ No \_\_\_\_

Projector Screen: Yes\_\_\_\_ No \_\_\_\_

Microphone: Yes\_\_\_\_ No \_\_\_\_

Power Source: Yes\_\_\_\_ No \_\_\_\_

Expected Number of Attendees (Minimum of 25): \_\_\_\_\_

Length of Time for Presentation: (Please allow for at least 1 hour for presentation and fifteen minutes for questions.)

Start time: \_\_\_\_\_

Stop time: \_\_\_\_\_

Contact Information:

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please mail, fax, or email this form to:

Oregon Department of Justice, Consumer Protection  
1162 Court St. NE, Salem, OR 97301  
help@oregonconsumer.gov  
Fax: (503) 378-5017