



**Florida Office of The Attorney General  
National Conference on Preventing  
Crime August 25 - 27, 2021  
Orlando, Florida**



**SPEAKER PRESENTATION REQUEST**

(Return this form by May 26, 2021)

MR.  MS. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

**Biographical Information:** *Attach a brief bio and description of presentation not to exceed one-half page each.*

**Title of Presentation:** \_\_\_\_\_

*Below mark the session type and day of choice.*

**Expenses:** *Checking the boxes below does not guarantee the reimbursement of expenditures if they are not in compliance with Section 112.061(7), F.S. and Rule 69I-42, F.A.C. and formally agreed upon with the Office of the Attorney General.*

**Session Type:**     **Adult**                       **Youth**  
**Thursday**             August 26, 2021     General Session     Luncheon             Workshop  
**Friday**                 August 27, 2021                                       Luncheon             Workshop

<b>Fee:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (travel included)	<b>Rental Car:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (compact only, if applicable)
<b>Air Fare:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (round-trip, Coach Only)	<b>Tolls:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable)
<b>Hotel:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (one night only)	<b>Gas:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable)
<b>Meals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable)	

**Speaker References:** *List name, title and telephone number of at least two people and attach supporting documents (e.g., newspaper articles, video tapes on program)*

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Please Note: Do not submit any applications until they are complete, including, any requested attachments. All incomplete applications will be returned to the applicant and will not be considered until complete.

Return this form to: [OAGNCPC@myfloridalegal.com](mailto:OAGNCPC@myfloridalegal.com) or to the address below:

Office of the Attorney General  
Bureau of Criminal Justice  
Programs  
PL-01, The Capitol Tallahassee,  
Florida 32399-1050  
Telephone: (850) 414-3350  
Fax: (850) 413-0633  
E-mail: [OAGNCPC@myfloridalegal.com](mailto:OAGNCPC@myfloridalegal.com)

<b>OAG Use Only</b>
Reviewed By: _____
Approved By: _____