



Consumer Credit Counseling Service  
Family Service Center of South Carolina, Inc.

Presentation Request and Information

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

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

\_\_\_\_\_

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

Date of Presentation: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Directions to Location: \_\_\_\_\_

\_\_\_\_\_

Topic: \_\_\_\_\_

Time(s): \_\_\_\_\_ Group Size: \_\_\_\_\_ Males: \_\_\_\_\_ Females: \_\_\_\_\_

Type of Audience: \_\_\_\_\_

\_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_

Special Requests: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Follow-Up: \_\_\_\_\_

\_\_\_\_\_

Information Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Speaker: \_\_\_\_\_