



“Center for Audit Excellence”

Education & Training

Request for Speaker Questionnaire

Organization: _____

Topic: _____

Date of the Event: _____

Place of Event: _____

Time of Event: _____

Length of Event: _____

Number of Attendees: _____

Contact Information: _____

Session Description: _____

Provided by Organization:

- Computer, Projector, Screen, Microphone, etc.
- Copies to participants

yes no

Save file to computer before submitting

For Office Use Only:

Approved by: _____

Reviewed by: _____

Assigned to: _____

Added to Calendar? yes no

Please Contact:

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