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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SPEAKER REQUEST FORM

C-500
(Rev. 4/24/15)
6331

Contact Information

Contact Name

Contact Phone

Contact Email

Organization/Association

Event Information

Date

Time of Meeting/Event

Presentation Start and End Times

Topic(s) Needed

Location of Presentation

Estimated # of Participants

Is A/V Equipment Available? ☐ Yes ☐ No

If yes, specify equipment:

Additional Comments?

After completion of this form, select the 'Submit by Email' button in the top right corner of the page.

If that feature does not work for you, save this form and email it to **DORSpeaker@sctax.org**.

We look forward to working with you!

63311013