



ILLINOIS ATTORNEY GENERAL

Internet Crimes Against Children Task Force

IN-PERSON SPEAKER REQUEST FORM

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|--------------------------|--|
| Today's Date: | Date of Presentation: |
| Contact Name: | |
| Contact Phone: | Cell Phone: (for day of presentation) |
| Name of Organization: | |
| Address of Organization: | |
| City & State: | Zip Code: |
| County: | Email: |

PRESENTATION DETAILS

| | | | | |
|---|---|--------------------------------|------------------------------------|------------------------|
| TARGET AUDIENCE: | Students | Parents | Staff | Other (please specify) |
| Grade level(s): | Other: | | | |
| Preferred Digital Safety Emphasis (if any): | Cyberbullying | Inappropriate Sharing/ Sexting | | |
| | Other (please specify): _____ | | | |
| REASON FOR PRESENTATION: | Meet ISBE requirements Additional education | | | |
| | Response to recent incident (please follow up with phone call to discuss) | | | |
| LENGTH OF PRESENTATION: | 45 minutes | 60 minutes | 60-90 minutes (parents/staff only) | |
| ESTIMATED SIZE OF AUDIENCE: | RSVPs requested for non-student events. | | | |
| PLEASE CHOOSE POTENTIAL DATES: | 1) | 2) | 3) | |
| PREFERRED START TIME OF PRESENTATION: | AM PM | | | |
| EQUIPMENT AVAILABLE: | Projector/screen | Audio System | Internet Access | Other (please specify) |
| WILL THIS PRESENTATION BE OPEN TO THE MEDIA? | Yes | No | _____ | |

PLEASE SEND COMPLETED FORM TO: *Northern Illinois* *Central and Southern Illinois*

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