

**WORKERS' COMPENSATION COURT COUNSELOR PROGRAM
SPEAKER/PRESENTATION REQUEST FORM**

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Oklahoma City, OK 73105
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MAIL, FAX OR E-MAIL REQUEST TO COUNSELOR PROGRAM

Company or individual making request: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Contact person: _____

Date and time of presentation: _____

Location/Address of presentation: _____

Specific areas to be covered in presentation: _____

Estimated number of individuals attending: _____

**For court use only*

Confirmation date: _____

Scheduled presentation date(s): _____ / _____ / _____

Time(s): _____ / _____ / _____

Speaker(s): _____

Court Contact Person: _____
