

Speaker request form

Please completed and send back to railinfo@pclrail.com.au or fax 9263 6849

REQUEST CONTAC	I DETAILS		
Name			
Organisation			
Telephone			
Mobile			
Email			
Address			
REQUESTED PRESI	ENTATION DETAILS		
Preferred date		Preferred time	
Duration		No. attending	
Topic			
Presentation address	S		
Event details (Name,	purpose, etc)		
Audience details (wh	o, roles, etc)		
Presentation details (technology available, submission details, materials required, etc)			
	(tootiiiology available, oabiiilooloii	dotano, materialo re	oquilou, cio)
PERTH CITY LINK RAIL ALLIANCE TO COMPLETE			
Date received		Time received	
Assigned to			
Recommendation			