COMMONWEALTH of VIRGINIA
Office of the Attorney General

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(Eastern/Central Virginia Localities Form)

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Organization: _____

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Time and Date of Presentation: _____

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Number Expected to Attend Presentation: _____

Please choose presentation equipment your facility will have available, if any:

☐ Computer ☐ Microphone ☐ Projector ☐ Screen ☐ Speakers

When complete, please return to:

Office of the Attorney General
900 East Main Street
Richmond, VA 23219
FAX: (804) 786-3509
MFCU_mail@oag.state.va.us

We will contact you with a confirmation soon. Thank you for your interest!

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