



PRESTON TOWNE CENTRE

BUSINESS IMPROVEMENT AREA

REQUEST TO SPEAK APPLICATION BOARD OF MANAGEMENT MONTHLY MEETING

PRIMARY CONTACT INFORMATION

First Name

Last Name

Email

Phone Number

BUSINESS/ORGANIZATION INFORMATION (IF APPLICABLE)

Business Name

Business Address (including postal code)

Business Phone Number

Business Website

Business Email

Please be advised that by attending or speaking at the Preston Towne Centre BIA Board of Management Monthly Meeting, you consent to the release of the above information (name, mailing address and/or email) in the relevant meeting agenda, delegation list, and minutes.

Date

Signature



PRESTON TOWNE CENTRE

BUSINESS IMPROVEMENT AREA

REQUEST TO SPEAK APPLICATION BOARD OF MANAGEMENT MONTHLY MEETING

DETAILS

Desired Meeting Month

Topic of Discussion

Representing

Self

Other - Please specify who you are representing:

Length of Presentation

**Due to high demand, presentation times may be shortened.*

Do you have material for distribution at the meeting? Yes* No

If yes, please specify:

Do you have a copy of your notes/presentation to submit? Yes* No

**Electronic copies of all material for distribution or electronic presentation MUST be delivered via email (info@discoverpreston.ca) by noon the day before the Board Meeting.*

Additional Comments:

Date

Signature