



Office of the Public Auditor

Commonwealth of the Northern Mariana Islands

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ETHICS PRESENTATION REQUEST FORM

Date of Request: _____
Requesting Agency: _____
Contact Person: _____
Contact Number: _____
Email Address: _____
Purpose of Briefing: _____
Number of Attendees: _____
Date and Time of Presentation: _____
Presentation Venue: _____

Will agency be able to provide the following equipment:

- | | | | | |
|------------------|--------------------------|-----|--------------------------|----|
| • Projector | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Screen | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Laptop | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • Microphone | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| • TV w/HDMI Line | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Do not write below this line.

ETHICS PRESENTATION CONFIRMATION

Date of Presentation: _____
OPA Presenter: _____
Email Address: _____
Comment(s): _____