

REQUEST A CaIVCB PRESENTATION

VCB-50-30004 (Rev. 06/2024)



Our outreach specialists are available to come to your location and provide a presentation regarding the victim compensation program. We are also available for virtual presentations.

Requestor Information

First Name: _____ Last Name: _____

Job Title: _____ Company: _____

Email: _____ Phone Number: _____

How did you hear about us? _____

CaIVCB Presentation Information *(select all that apply)*

Request to: Table Present *(in person)* Present *(virtually)*
 Other *(please specify)* _____

Topic(s): CaIVCB Overview How to Complete a CaIVCB Application
 Other *(please specify)* _____

Event Information

Description of Event: _____

Time of Event: _____ Date of Event: _____

Location of Event: _____

County: _____ Approximate Number of Attendees: _____

Attendees: Advocates Interns Case Workers Program Managers
 Other *(please specify)* _____

Submit the CaIVCB Presentation Request:

Email publicaffairs@victims.ca.gov