



# 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  Yes  No
- Screen  Yes  No

*Do not write below this line.*

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## ETHICS PRESENTATION CONFIRMATION

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