

Speaker request form

Thank you for your interest in having a member of the department address your group. This form must be completed for requests to be considered.

CONTACT INFO

YOUR NAME:

PHONE:

EMAIL:

ADDRESS:

STREET

CITY

STATE

ORGANIZATION:

(Please include a brief description)

INFORMATION ABOUT THE EVENT

NAME OF EVENT:

DATE OF EVENT:

Choice 1:

LOCATION OF EVENT:

Choice 2:

NO. OF ATTENDEES:

WILL MEDIA BE INVITED?

YES

NO

WILL ANY DISTINGUISHED GUESTS BE PRESENT?

If so, please provide their name, title, and organization:

INFORMATION ABOUT DHS SPEAKER

REQUESTED STAFF MEMBER:

FORMAT:

Keynote

Breakfast

Luncheon

Panel

Other

If other, specify:

LENGTH OF TIME SPEAKING:

TOPICS:

What would you like the speaker to address?

WILL THERE BE A Q&A?

YES

NO

If yes, how long will it last?