

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.

EVENT INFORMATION

NAME OF EVENT:

DATE OF EVENT:

LOCATION OF EVENT:

NO. OF ATTENDEES:

MEDIA?
YES
NO

EVENT FORMAT:

KEYNOTE

SEMINAR

PANEL

CONFERENCE

CLASS

OTHER

INFORMATION ABOUT THE DHS SPEAKER

REQUESTED DHS STAFF MEMBER:

TOPIC: *What would you like the speaker to address?*

REQUESTED START TIME:

SPEAKING LENGTH:

WILL THERE BE A Q&A?:

YES ► *If yes, how*

NO *long will it last?*

WILL ANY DISTINGUISHED GUESTS BE ATTENDING:

YES ► *If yes, please provide their name, title, and organizations:*
NO

CONTACT INFORMATION

NAME:

PHONE:

ADDRESS:

EMAIL:

ORGANIZATION: *Please provide a brief description*

DHS OFFICE OF PRESS AND COMMUNICATIONS

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