



# SPEAKING ENGAGEMENT REQUEST FORM

Please complete as much information as possible regarding the event and speaker requirements and then hit the SUBMIT FORM button to send.

## REQUESTOR / ORGANIZER

Contact Name: \_\_\_\_\_ Alternate Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

## ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_  
 Organization Website: \_\_\_\_\_  
 Description of Organization: \_\_\_\_\_

## INFORMATION ABOUT EVENT

Event Title: \_\_\_\_\_  
 Start Date (required): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 End Date (required): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
 Event Website: \_\_\_\_\_ Registration Fee: Yes \$ \_\_\_\_\_ No  
 Venue: \_\_\_\_\_  
 Address (Street, City, State, Zip): \_\_\_\_\_  
 Description of Event (required): \_\_\_\_\_

Audience Size: \_\_\_\_\_ Primary Language of Expected Audience: \_\_\_\_\_  
 Audience Type: Community Govt. Agency Legal/Professional Other: \_\_\_\_\_  
 Audience Knowledge of Topic (limited / knowledgeable / very knowledgeable): \_\_\_\_\_

Agenda / Schedule Available for Event: Yes No  
 (If yes, please provide a copy to [speaking.engagements@dfeh.ca.gov](mailto:speaking.engagements@dfeh.ca.gov))

■ **SPEAKER AND PARTICIPATION DETAILS**

Requested Speaker (if known): \_\_\_\_\_

Speaker Participation Format (keynote speaker, panel member, etc.): \_\_\_\_\_

Speaker Participation Date and Time: \_\_\_\_\_

Speaker Length of Participation: \_\_\_\_\_

Topic of Presentation: \_\_\_\_\_

Photo Needed:        Yes        No        If yes, due date needed: \_\_\_\_\_

Biography of Speaker Needed:        Yes        No        If yes, due date needed: \_\_\_\_\_

Audio / Video / Materials Needed:        Yes        No        If yes, due date needed: \_\_\_\_\_

Will you need a master copy of speaker’s handout/materials prior to the event for reproduction and distribution (The master copy(s) will be sent electronically as a pdf)? If yes, due date needed: \_\_\_\_\_

■ **TRAVEL INFORMATION**

Recommendation(s) for hotel accommodations that provide government rates:

1. Hotel Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Hotel Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Closest Airport to the Event: \_\_\_\_\_

Map / Directions from the Airport to the Hotel and Event Location:

■ **ON-SITE CONTACT DURING EVENT**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Today's Date:** \_\_\_\_\_



*If no prompt appears when you click 'SUBMIT FORM', please save the document as a PDF and email it to [speaking.engagements@dfeh.ca.gov](mailto:speaking.engagements@dfeh.ca.gov) or visit [www.dfeh.ca.gov/serf/](http://www.dfeh.ca.gov/serf/)*

*NOTE: DFEH staff cannot accept speaker fees, honorariums, or travel expenses. The external host may waive the speaker’s registration or conference fees.*