



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: _____

■ ~~NAME OF ORGANIZATION~~ NAME OF ORGANIZATION

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/Registration Website: _____ Registration Fee: Yes, \$ _____ No
Open to the Public: 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)

■ 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 or visit 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.