***Speaker Request Form***

***\*****All fields are required.*

**General Information**

Organization Name:       Event Date:

Event Name:       Event Time:

Event Location (*address*, *room*, *etc*.):

**Point of Contact**

Name:       Title:

Email:       (   )     -      cell

**Day of Contact**

Name:       Title:

Email:       (   )     -      cell

**Event Information**

Event Purpose:

Please describe the Commissioner’s role at the event:

Attire:       Audience Size:       Photo Ops:

Podium Available: [ ]  Yes *[ ]*  No[ ]  Riser [ ]  Floor Level

Fixed Microphone: [ ]  Lavalier Wireless Microphone (*preferred*): [ ]

Topic of Requested Remarks:       Length of Remarks (*minutes*):

Time for Q&A (*minutes*):

Media Event: [ ]  Open*[ ]* Closed[ ]  Indoor [ ]  Outdoor

**ADDITIONAL INFORMATION**

Please list other invited elected officials or VIPs:

Who will introduce Commissioner Buckingham prior to her remarks?

List Event Sponsors:

Dias/Head Table Guests:

AV Equipment Available: [ ]  Yes *[ ]*  No