

## **SPEAKER REQUEST FORM**

- Complete and return this form to <u>emmanuel.caudillo@ed.gov</u>. Be sure to attach available supplementary documents, such as draft agenda, invitee list, etc.
- Requests submitted with less than four weeks' notice are difficult to accommodate.
- Due to the high number of scheduling inquiries received by our office, not all requests can by granted.

| <b>BASIC INFORM</b>   | 1ATION                      |                          |              |  |                  |
|---|-----------------------------|--------------------------|--------------|--|------------------|
| Today's Date  | RSVP Date                   | Organization Event Title |              |  |                  |
|   |                             |                          |              |  |                  |
| Event Descript  | t <b>ion</b> (include event | Web site, if applicable) |              |  |                  |
|   |                             |                          |              |  |                  |
|   |                             |                          |              |  |                  |
| Event Start Date/Time   |                             | Event End Date/Time      |              | City                                       | State            |
|   | •                           |                          |              | •  |                  |
| Location (include specific address,   |                             | , room name, etc.)       |              | Registration/Participation<br>Fee Charged? | Size of Audience |
|   |                             |                          |              | □ No □ Yes: \$                             |                  |
| Is an award/gi  | ft being given              | Name of Award/Gift       | f Award/Gift |  | Monetary Value   |
| to the Executive/Deputy   |                             |                          |              |  | of Award/Gift?   |
| Director?   |                             |                          |              |  |                  |
| □ No □ Yes  |                             |                          |              |  | □ No □ Yes:      |
|   |                             |                          |              | \$   |                  |
| Event Sponsor   |                             |                          |              | event sponsor a lobbyist,                  | Is the event a   |
| (who is paying for this event)  |                             |                          |              | or, association, lender or                 | fundraiser?      |
|   |                             | otherwise a recipient of |              | entity with interests affecting            |                  |
|   |                             | Department of ED funds?  |              | partment of ED?                            |                  |
|   |                             | □ No □ Yes               | D No         |  | □ No □ Yes       |
| Description of Audience (please be as specific as possible, i.e., teachers, students, elected officials and/or other) |                             |                          |              |  |                  |
|   |                             |                          |              |  |                  |
|   |                             |                          | DIA          |  |                  |
|   | EPUTY DIRECTOR              |                          | Plea         | ase outline below what you are             | requesting :     |
| Name of Director being requested<br>Total running time of the Director's participation                                |                             |                          |              |  |                  |
| Start time for the Director's participation   |                             |                          |              |  |                  |
| End time for the Director's participation   |                             |                          |              |  |                  |
| Preferred format  |                             |                          |              |  |                  |
| (informal remarks, keynote, Q&A, attend only/no remarks, etc.)  |                             |                          |              |  |                  |
| Total time is allotted for remarks  |                             |                          |              |  |                  |
| Total time is allotted for Q&A (if applicable)  |                             |                          |              |  |                  |
| Who will introduce the Director? (name, title, organization)  |                             |                          |              |  |                  |

| Preferred Department of Education or Obama Administration   |   |                      |        |  |  |  |  |
|---|---|----------------------|--------|--|--|--|--|
| Surrogate (in the event the Director is unavailable)        |   |                      |        |  |  |  |  |
|   |   |                      |        |  |  |  |  |
|   |   |                      |        |  |  |  |  |
| ADDITIONAL INFORMATION                                      | -   |                      |        |  |  |  |  |
| Requested themes or topics to address                       | Other Department of Education officials invited |                      |        |  |  |  |  |
|   |   |                      |        |  |  |  |  |
| Other Obama Administration officials invited                | State and local elected officials invited       |                      |        |  |  |  |  |
|   |   |                      |        |  |  |  |  |
| Who else is confirmed to headline this event?               | List other notable attendees/participants       |                      |        |  |  |  |  |
|   |   |                      |        |  |  |  |  |
| Do you have additional questions or comments?               |   |                      |        |  |  |  |  |
|   |   |                      |        |  |  |  |  |
| Is this event open or closed to the press?                  |   |                      |        |  |  |  |  |
| Do you request additional press availability of the Directo | or?   |                      |        |  |  |  |  |
| SKYPE ALTERNATIVE   |   |                      |        |  |  |  |  |
| Willing to consider Skype?  No  Yes                         |   | Skype Address:       |        |  |  |  |  |
| <b>Does a practice run need to be scheduled?</b> INO Ye     | S   | Preferred Date/Time: |        |  |  |  |  |
| CONTACT INFORMATION   |   |                      |        |  |  |  |  |
| Primary Contact Name Title                                  | Phone (bes                                      | st & alternate)      | E-mail |  |  |  |  |
|   |   |                      |        |  |  |  |  |
| Press and Public Affairs Name Title                         | Phone (bes                                      | st & alternate)      | E-mail |  |  |  |  |
|   |   |                      |        |  |  |  |  |

## **INTERNAL USE ONLY:**

Contact Person:

Briefing Prep: