



Speaking Engagement Request Form

Supervisor Marion Ashley

Fifth District

Please complete all pertinent information.

Event Information	
Organization:	Event Date:
Starting Time:	Ending Time:
Time of Presentation:	Arrival Time:
Event Name:	
Location:	
Location Address:	
Number of Attendees:	
Contact Person:	Phone:
Day of Event Cell#:	Email:
Day of Event Contact:	
Brief Description of Event and Audience (e.g., teachers, parents, elected officials):	
Type of Remarks Requested	
<input type="checkbox"/> Welcome	Length of remarks:
<input type="checkbox"/> Introduction	Who will be introduced:
<input type="checkbox"/> Speech	Length of Speech:
<input type="checkbox"/> Panel	Suggested speech topic:
<input type="checkbox"/> Presentation	Panelist topic:
	Other panelist:
	Please specify: Certificates <input type="checkbox"/> Resolution <input type="checkbox"/> Plaque <input type="checkbox"/>
Additional Information	
<ul style="list-style-type: none"> Please provide copies of any schedule/agenda for the event and any additional background information that might be useful. Please indicate if handouts are requested at this event and if so how many? Please fill out this form as completely as possible Please Notify of any changes at least one week prior to the event. 	
Send completed form to: Katrina Cline – Email: kcline@rcbos.org – Fax: 951.955.9030	

Thank you