



**REQUESTER INFORMATION**

Requester Name		Date of Request <i>Mo./Day/Yr.</i>
Organization		
Requester E-mail Address	Office Phone <i>Area Code/No.</i>	Cell Phone <i>Area Code/No.</i>

**EVENT INFORMATION**

**Type of Event** *Check all that apply*

<input type="checkbox"/> Face-to-Face Discussion	<input type="checkbox"/> Conference Call	<input type="checkbox"/> Special Event
<input type="checkbox"/> Meeting	<input type="checkbox"/> Conference	<input type="checkbox"/> Visit/Tour
<input type="checkbox"/> Panel	<input type="checkbox"/> Other <i>Specify:</i>	

**State Superintendent's Role**

<input type="checkbox"/> Welcome speech (7-12 min)	Topic/Focus
<input type="checkbox"/> Brief remarks (3-5 min)	Topic/Focus
<input type="checkbox"/> Panel participant	Topic/Focus
<input type="checkbox"/> Present awards	Award name? How many?
<input type="checkbox"/> Other	Topic/Focus

Name of Event

---

Location/Address of Event

---

Preferred Event Date(s)	Time State Superintendent Must Attend	
	Start Time <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time <input type="checkbox"/> AM <input type="checkbox"/> PM

Who is the Audience? <i>Teachers, principals, parents</i>	Number of Attendees	Media Coverage Expected? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---------------------	--

In the event the state superintendent is not available, will you accept a surrogate for your event?

Yes    No