



STATE SUPERINTENDENT'S OFFICE
ATTN: WENDY STANISLAWSKI

REQUESTER INFORMATION

Requester Name		Date of Request
Requester E-Mail Address	Office Phone Area/No.	Cell Phone Area/No.

REQUEST FOR A MEETING

Type of Meeting
 Face-to-Face Conference Call Other *Specify:*

Preferred Date(s) / Time of Meeting	Requested Length
Topic / Focus	Other Meeting Participants

REQUEST FOR AN EVENT

Name/Title of Event

Day/Date of Event	Total Time Commitment Anticipated for the State Superintendent	Time of Event <input type="checkbox"/> AM <input type="checkbox"/> PM
Site and Address of Event		
Type of Event	Media Coverage Expected? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Audience Who will be attending, estimated size of group.	Sponsoring Organization(s)	
Onsite Contact Name	Title	Cell Phone Area/No.

State Superintendent's Role

- Speech *Indicate type, length, and topic/focus:*
- | | | |
|--|-------------------|--------------|
| <input type="checkbox"/> Keynote Speech | Requested Length: | Topic/Focus: |
| <input type="checkbox"/> Welcome Speech | Requested Length: | Topic/Focus: |
| <input type="checkbox"/> Brief Remarks | Requested Length: | Topic/Focus: |
| <input type="checkbox"/> Panel Participant | Requested Length: | Topic/Focus: |

Time at which the State Superintendent will be speaking: _____

Is there anything else the State Superintendent is being asked to do?

- Photos Facility Tour Press Conference Present Awards
 Other *Specify:*

In the event that the State Superintendent is not available, will you accept a surrogate for your event? Yes No