

**SPEAKING ENGAGEMENT FORM REQUEST
FOR LT. GOVERNOR'S APPEARANCE**

EVENT: _____

DATE OF EVENT: _____

TIME OF EVENT: _____

DRESS ATTIRE: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

CELL # CONTACT AT TIME OF EVENT(name & #): _____

PERSON MAKING INTRODUCTION: _____

LOCATION OF EVENT (Include street address and directions): _____

EXACT TIME & DESIRED LENGTH OF SPEECH: _____

SUGGESTED TOPIC(s) OF SPEECH: _____

OTHER PERTINENT INFORMATION: _____

GOVERNMENTAL OFFICIALS ATTENDING/INVITED: _____

INDIVIDUALS SEATED WITH LT. GOVERNOR AT TABLE/PODIUM:

ANTICIPATED SIZE OF AUDIENCE: _____

Please be aware the official duties of the Lt. Governor could change his schedule at any time. While we will always do everything possible to keep this from impacting your event, we do ask that you keep this in mind.

****PLEASE ATTACH COPY OF PROGRAM****