Speaker Request Form

- Complete and return this form to whiaiane@ed.gov or via U.S. Postal Service address. Be sure to attach available supplementary documents, such as draft agenda, invitee list, etc.
- Due to the high number of scheduling inquiries received by our office, not all requests can be granted.

Basic Information
Today’s Date: ________________ RSVP Date: ________________
Organization: __________________ Event Title: __________________
Primary Contact Name: ________________ Title: __________________
Phone: ________________ Email: __________________

Press and Public Affairs Name: ________________ Title: __________________
Phone: ________________ Email: __________________

Event
Event Description: ________________

Event Start Date/Time: ________________ Event End Date/Time: ________________
Address/Location of Event: __________________
Registration/Participation Fee? (Amount): ________________ Size of Audience: ________________

Is an award/gift being given to the Executive/Deputy Director? YES NO
Name of Award/Gift: __________________

Event Sponsor (who is paying for this event):
Is the event sponsor a grantee, contractor, or otherwise a recipient of Department funds?: YES NO
Is the event sponsor a lobbyist, educator, association, lender or other entity with interests affecting the Department?: YES NO
Is this a fundraiser?: YES NO

Description of Audience (please be as specific as possible, i.e., teachers, students, elected officials, other): __________________
**Director’s Role**

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 allotted for remarks: ____________ Total time allotted for Q&A (if applicable): ____________

Who will introduce the Director (name, title, organization):
________________________________________________________________________

Preferred Department of Education Surrogate (in the event the Director is unavailable):
________________________________________________________________________

**Additional Information**

Requested themes or topics to address:
________________________________________________________________________

Other Department of Education officials invited:
________________________________________________________________________

Other Presidential officials invited:
________________________________________________________________________

State and local elected officials invited:
________________________________________________________________________

Who else is confirmed to headline this event?:
________________________________________________________________________

List other notable attendees/participants:
________________________________________________________________________
________________________________________________________________________

Is this event open or closed to the press?:
________________________________________________________________________

Do you request additional press availability of the Director?:
________________________________________________________________________

Do you have any additional questions or comments?:
________________________________________________________________________
________________________________________________________________________
**SKYPE Alternative**

Willing to consider Skype? YES  NO

Skype address: ___________________________  Preferred date/time: ___________________________

Does a practice run need to be scheduled?: YES  NO

Willing to consider other video/teleconferencing alternatives?: YES  NO

Phone Number: ___________________________

Account Name: ___________________________