

## Form CT-SpeakPro E&O Speakers Program Request Form



Complete Form CT-SpeakPro and email it to DRS.EducationandOutreach@ct.gov.

Part I Requestor's Informa	tion				
Name of Organization					
Mailing Address (number and street)	РО Вох	Apt. no.	City	State	ZIP code
Purpose of Organization					
Contact Person	Telephone Number				
Contact Person Email					
Alternative Contact Person	Telephone Number				
Alternative Contact Person Email					
Objective of Speaking Engagement					
Objective of Opeaking Engagement					
Part II Location of Speaking	g Engagement				
In Person Virtual					
Location Address (number and street)	PO Box	Apt. no.	City	State	ZIP code
Parking Information					
Virtual Engagement (please provide suggeste	ed technology and venue)				
Special Instructions		,			
Part III Setup Information					
Speaking Engagement Date	Speaking Engagement Time	Э			
Alternative Speaking Engagement Date	Alternative Speaking Engage	ement Time			
Time Allocated for Speaker					
Approximate Number of Attendees					
If in Person, Equipment Available (microphone, pod	ium PowerPoint canabilities screen	to project PowerPo	int HDMLetc.)		