



OSTLTS

Office for State, Tribal, Local
and Territorial Support

Speaker Request Form Director, Office for State, Tribal, Local and Territorial Support

Requesting organization:	
Event name:	
Event date(s):	
Event location (full address):	
Event objective:	
Date of talk:	
Time of talk:	
Length of talk:	
Date presentation needed:	

Requestor's Name	Email	Office Phone Number	Cell Phone Number
Name and cell phone number for onsite contact person:			

Description of Speech

Who will introduce the speaker?	
Type of talk: (e.g., keynote, plenary, panel, welcome)	
Number of participants:	
Topic(s) for speaker to cover:	
Your desired outcome for the presentation:	
Equipment to be provided:	
Will media be invited to this event?	

Please submit an agenda with this form.



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support