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| OS-8.docx 11/2018 | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Office of the Secretary  PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-5015 | | |
| Event Speaker Request | | | |
| Include any relevant attachments such as the event agenda or promotional materials. Thank you for your interest. | | | |
| REQUEST FOR: | | | |
| Secretary | | Assistant Deputy Secretary | Other: |

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| CONTACT: | | | | | | | |
| NAME | TITLE | | | ORGANIZATION | | | |
| STREET ADDRESS | | CITY | | | | STATE | ZIP |
| E-MAIL | | | PHONE:  (     )     - | | CELL PHONE  (     )     - | | |

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| EVENT INFORMATION: | | | | | | | | | | | | | | | | | | | | | |
| Event type: | Meeting | | Conference | | | | | | Reception | | Tour | | | Meal | Other: | | | | | | |
| Title: | | | | | | | | | | | | Purpose: | | | | | | | | | |
| LOCATION STREET ADDRESS | | | | | | | | | | | | | CITY | | | | | STATE | | ZIP | |
| Parking instructions: | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | Start time: | | | | | | | | End time: | | | | | |
| Tentative event outline: | | | | | | | | | | | | | | | | | | | | | |
| Remarks requested: | | No | | | Yes | | Length: | | | | | | | | | | | | | | |
| Topics to include in remarks: | | | | | | | | | | | | | | | | | | | | | |
| Time for question and answer: | | | | No | | Yes | | | | Length: | | | | | | | | | | | |
| Topics expected for question and answer: | | | | | | | | | | | | | | | | | | | | | |
| Audience expected: | | | | | | | | | | | | | | | | | Media expected: | | No | | Yes |
| Additional information for consideration: | | | | | | | | | | | | | | | | | | | | | |

Please submit this completed form to [DATCPEventRequest@wisconsin.gov](mailto:DATCPEventRequest@wisconsin.gov)