

Speaker/Event Request Form

FOR USE BY COVERED CALIFORNIA
Speaker assigned:
Date
CC file #:

Complete as much information as you have about your event and speaker requirements. Please submit requests at least **four** weeks prior to the event. Once completed email the request to: SpeakerRequests@covered.ca.gov

		Date:
Your Organization:		
Sponsoring Organization		Type of Organization
Contact Name		Contact Phone
Contact E-mail		Website
Your Program:		
Date of Program		Time of Program
Name of Program		
Theme/Purpose of the Progra	m	
Location of Program		
Proposed Topic		
Requested Speaker (if you are	e interested in a particular speal	ker)
esentation Format (panel, speech, roundtable, tabling, etc.) Length of Speaker's Presentation) Length of Speaker's Presentation
Your Audience Comp	osition:	
Size of audience	Audience Composition	(consumers, stakeholders, employers, other)
Languages needs?		

Please attach an agenda for your event.