

Illinois Department of Insurance Speaking Request Form

Event name: _____ Event date:* _____	Type of remarks requested (check one): <input type="checkbox"/> WELCOME <input type="checkbox"/> INTRODUCTION <input type="checkbox"/> REMARKS <input type="checkbox"/> SPEECH <input type="checkbox"/> PANEL <input type="checkbox"/> ROUNDTABLE
Are you specifically requesting the Director? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, are you requesting another specific Department staff? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate name and/or title _____ Event start time: * _____ Event end time: _____ Length of remarks: * _____ Time slot: * _____ Will there be a printed program/agenda? <input type="checkbox"/> YES <input type="checkbox"/> NO What information if any do we need to submit (bio, photo, etc.) _____ _____ Deadline to submit information: _____ If a tentative agenda is available, please submit with request.	
Location:* _____	
Number of Attendees Expected:* _____	
Sponsoring organization:* _____	
Contact person:* _____	
Phone:* _____	E-mail:* _____
Description of event:* _____ _____ _____	
Audience background (i.e., medical professionals, adjusters, etc.): _____ _____ _____	
Press or electronic media in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will talking points or an outline be provided? <input type="checkbox"/> YES <input type="checkbox"/> NO
What technology/media devices will be available (laptop, overhead, etc.)? _____ _____	
Will remarks be recorded? (Please indicate format) <input type="checkbox"/> AUDIOTAPE <input type="checkbox"/> VIDEOTAPE <input type="checkbox"/> OTHER (specify): _____	
Additional Comments: _____ _____ _____	

If the Director is unavailable, an alternate member of the Department will be assigned based on background and availability.