Date of Event
Name of Event

Event Start Time
Event End Time

Event Host
Event Address (for GPS)

Contact Person

Contact Office Phone
Contact Cell Phone
Contact E-Mail

Please give a brief description of your organization:

What is the purpose of this event? What are the desired outcomes?

Are remarks or a presentation requested? If so, please indicate topic, length of remarks/presentation, and the general type of remarks (Ex. welcome, introduction of speaker(s), class lecture, etc.)

Audience and Key Participants
Audience Size

Expected Media Coverage:
No Yes (explain)

Will this event be filmed?
No Yes (explain how it will be used)

Will you or someone with your organization take photographs of the requested speaker’s presentation?
No Yes (explain how it will be used)

(If possible, please share your images with AHC to be used on social media and monthly newsletter. Send images to pr.management@ahc.alabama.gov)
What is the desired presentation format?

_____ Remarks only _____ PowerPoint _____ Other: ________________________________________________

*Please use this section to include additional details, such as the names of scheduled speakers, meeting agenda, etc.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Email form to pr.management@ahc.alabama.gov.

Kathryn Shoupe
Public Relations Manager

Mailing Address:
Alabama Historical Commission
P. O. Box 300900
Montgomery, Alabama 36130-0900

FOR AHC USE ONLY:

Speaker Signature: ___________________________________________ Date: __________

Site Director/Supervisor Approval: _______________________________ Date: __________

Public Relations Manager: ________________________________ Date: __________

Historic Sites Division Director Approval (if applicable): __________ Date: __________

Executive Director Approval: ________________________________ Date: __________