

## **SPEAKER REQUEST FORM**

\*Please submit this form at least six weeks before your event ahc.alabama.gov

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 descript	ion of your organization:						
Are remarks or a presenta	tion requested? If so, please indicate topic,	length of remarks/presentation, and the general type c.)					
Audience and Key Particip	ants						
Audience Size							
Expected Media Coverage NoYes (exp							
Will this event be filmed? NoYes (exp	olain how it will be used)						
Will you or someone with NoYes (exp	your organization take photographs of the plain how it will be used)	e requested speaker's presentation?					
(If possible, please share y	your images with AHC to be used on soc	cial media and monthly newsletter. Send images to					

What is the desired prese Remarks only		Other:			
*Please use this section agenda, etc.	on to include add	litional detail	ls, such as the	names of schedu	uled speakers, meeting

Email completed form to Jacqulyn Kirkland, Marketing & Public Relations Manager, at <u>jacqulyn.kirkland@ahc.alabama.gov</u> or deliver to:

Jacqulyn Kirkland Marketing & Public Relations Manager

Mailing Address:
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