



DSHS Speaker Request Form

Note: All fields, except the optional field, are required.

Event Information

Event name:

Type of event:

Event date(s) and times (Please email event agenda with this form.):

Event location/address:

Event website:

Event primary host organization:

Event expected audience size:

Audience professions (doctors, nurses, students, etc.):

Main interests of audience:

Legislators or staffers expected at event? If so, please list:

Media expected at event? If so, please list:

Speaker Information

Requested speaker name:

Date and time slot for speaker's presentation:

Total time suggested for speaker at event:

Who will introduce speaker?

Requested purpose/topic of speaker's presentation:

Format of speaker's presentation such as: interview, panel, keynote, etc. (If interview, please email questions with this form):

If panel, please list the facilitator, other panelists and their topics:

Q&A session to follow speaker's presentation?

Resources

PowerPoint presentation suggested?

Audience handouts suggested?

Speaker bio and photo requested?

Event Point of Contact Information

Name(s):

Phone:

Email:

Optional Additional Information

Please return this form to Customer.Service@dshs.texas.gov with a cc to Angelica.Martinez@dshs.texas.gov and Patsy.Cortez@dshs.texas.gov.