**Event Request Form**

**Richard Woods, State School Superintendent**

Please complete form and email to [scheduling@doe.k12.ga.us](mailto:scheduling@doe.k12.ga.us).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Event Name: | | |  | | | | | | | | | | | | |
| Organization Sponsoring Event: | | | |  | | | | | | | | | | | |
| Event Date: | | |  | | | | | | Time: | | | | | |  |
| Event Location: | | |  | | | | | | | | | | | | |
| Address: | | |  | | | | | | | City, State, Zip | | | | |  |
| Purpose of the Event: | | |  | | | | | | | | | | | | |
| Event Contact Name: | | |  | | | | | | | | Position: | | | |  |
| Phone: | | |  | | | | | | | | Alternate/Cell: | | | |  |
| Email Address: | | |  | | | | | | | | | | | | |
| Media Relations Contact Name: | | | | |  | | | | | | | | Phone: | |  |
| Other Event Contact (in case of emergency): | | | | | |  | | | | | | | | | |
| Type of Event: | | |  | | | | | | | | | | | | |
| Attire: | | |  | | | | | | | | | | | | |
| The Role of the State Superintendent at this event: | | | | | | | |  | | | | | | | |
| Requested Speech Length: | | |  | | | | PowerPoint needed? | | | | | | |  | |
| A/V Equipment Available for Computer Presentation: | | | | | | | | | | | |  | | | |
| Details about the group/audience that would be helpful to the State Superintendent (i.e., background on the organization, organization website, audience’s interests, etc.): | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| Should PowerPoint be emailed to event organizer or provided on flash drive day of event: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| List the key issues of importance to the organization and/or specific issues that the group would like the State Superintendent to address: | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
| Other officials or special guests attending: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| Number of attendees: | | |  | | | | Media to attend: | | | | | | | |  |
| Whom else will be speaking, including Names and Titles: | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| If the State Superintendent cannot attend, would you like another GaDOE representative to attend/speak? | | | | | | | | | | | | | | |  |
| Other Event Notes: | | |  | | | | | | | | | | | | |