

# SPEAKER REQUEST FORM



**ANGELA C.  
EVANS**  
FAYETTE COUNTY ATTORNEY

Thank you for inviting the Fayette County Attorney Angela C. Evans or a member of the Fayette County Attorney's Office to speak or attend your event. To best meet your needs, please complete this form. The information you provide will enable the Fayette County Attorney's Office to prepare the speaker and ultimately ensure we meet all expectations.

To check the availability of the Fayette County Attorney Angela C. Evans for your event, please contact **Paula Campbell Rudd at (859) 280-3674** or email **[paula.campbell@fayettecountyattorney.com](mailto:paula.campbell@fayettecountyattorney.com)**

## EVENT INFORMATION

Event Name: \_\_\_\_\_

Brief Overview of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overview of the Organization: \_\_\_\_\_

**EVENT DATE:** \_\_\_\_\_ **START TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

Time of Remarks: \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Type:  Breakfast  Lunch  Reception  Dinner  Gala  Event without food  
 Other: \_\_\_\_\_

Size of Audience: \_\_\_\_\_

## PARKING INFORMATION

Parking Pass Required:  YES  NO

## RECOMMENDED TOPIC:

\_\_\_\_\_

## TYPES OF REMARKS

Welcome  Keynote Speaker

Introduction of Person

Appearance Only  Meet and Greet

Training/Education  Panel

Other \_\_\_\_\_

## QUESTION AND ANSWER SESSION?

YES  NO

## EVENT CONTACT PERSON

Contact Person Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who will meet the Speaker on Day of Event?

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SUBMIT THIS FORM TO:** [paula.campbell@fayettecountyattorney.com](mailto:paula.campbell@fayettecountyattorney.com)