Submit by Email

Colorado Springs Office of Emergency Management
SPEAKING REQUEST FORM

Return completed form by email to: vrodriguez@springsgov.com or by fax (719) 385-7385

Date and Name of Event: _____

Deadline for Acceptance: _____

Sponsoring Group or Organization: _____

Location of Event: _____

Address of Event: _____

Is This a Speaking Request? _____ Length? _____

If Other Type of Event, Please Describe: _____

Purpose of Event: _____

Size of Audience: _____

Media Involvement? _____

Request for Power Point? _____ Request for Other Materials/Handouts? _____

Will There be Other Speakers Attending? _____

General Contact Person: Phone No. Email:

Address of Event:

Contact Person at Event:

Contact Phone Number at Event--Office: Cell:

Additional Items/ Comments (Please note here if you are requesting a specific staff member)