MDES SPEAKER'S BUREAU

OUR SUBJECT-MATTER ***EXPERTS*** SPEAK TO ***YOUR*** GROUPS.

SPEAKER REQUEST FORM

Requestor Name: _____ Requestor Phone: ____ - ____ - _____

Date of Engagement: _____ *(Month)* ____ *(Day)* ____ *(Year)*

Time and Length of Engagement: _____

Place of Engagement:
(Include Address and Directions if possible) _____

# of People Expected: _____

Audience *(What group will be attending?)*: _____

Topic/Purpose of Meeting: _____

What expectations do you have for our speaker? ☐ Information only ☐ Training ☐ Other

If Other, Please Specify : _____

Your E-mail Address: _____

To submit this form by e-mail, click here or send to communications@mdes.ms.gov .

To submit this form by fax, send to: 601-321-6271 or to PRINT and mail a copy, please send to the attention of Communications at: **Mississippi Department of Employment Security**
1235 Echelon Parkway
Jackson, MS 39213

For more information, call Communications at 601.321.6107 or email us at communications@mdes.ms.gov .

MDES Use Only (Below This Line)

Speaker Assigned: _____

Materials needed: _____