



DCSS SPEAKERS BUREAU - INVITATION REQUEST FORM

EVENT/ACTIVITY: _____

DATE: _____

Start Time: _____ End Time: _____

SET-UP (Date/Time): _____

SPONSOR: _____

LOCATION: _____

INSIDE _____ or *OUTSIDE _____ *plan for inclement weather.
* _____

EVENT DESCRIPTION: _____

TARGET AUDIENCE: MEN _____ WOMEN _____ CHILDREN _____ SENIORS _____

AUDIENCE AGE RANGE: _____

EXPECTED ATTENDANCE:	1-10 _____	10-20 _____	20-30 _____
	30-50 _____	50-100 _____	100-200 _____
	200-500 _____	500-1000 _____	1000+ _____

SPONSOR PROVIDES:	Tables _____	Chairs _____
	Electricity _____	Food/Drink _____

CONTACT PERSON: _____

CONTACT'S PHONE # _____ DAY OF # _____

CONTACT'S EMAIL: _____

**PLEASE COMPLETE AND RETURN THIS FORM TO:
DCSS, COMMUNITY RELATIONS OFFICER – FAX# 302-395-6735
OR YOU MAY EMAIL TO ROBERT.DREIBELBIS@STATE.DE.US**