

## **SPEAKER REQUEST FORM**

Please submit this form and corresponding attachments to cisa.speakers@hq.dhs.gov

\*Please submit speaking requests at least 4 weeks in advance of the event.

Event Title (Official title of event):							
Speaker Requested (Name and	equested):		Event Date:				
Event Time and Duration (List time of event):		Origin of Invitation (Name of orga		e of organizatio	n submitting request):		
Event Location:							
Name:		Mailing Addr	ess:				
Phone:		City:		State:			
Speech Topic (Define topics/points you wish the speaker to cover):							
Presentation Format:	Keynote speech	Round	dtable	Panel	"Fireside"		
	Chat	Webir	nar	Other			
Event Type:	Small Group	Dinne	r (	Conference	Other		
Questions & Answer Period:	Yes (specify dura	ation):	No				
Audience (Anticipated number of attendees; audience background; whether membership is required):							

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Yes (If media is invite relations):	d, please provide	e a list. If app	licable, please p	rovide a point of	contact for media
No, closed to Press					
May CISA invite media?	Yes	No			
Speaker Relationship (Does event sponsor, hosting orga speaker or a close family me the organization? If so, plea	nization, or grou ember have a pe	p before who	m he/she is spe	aking? For exam	ple, does the
Surrogate Requested (If pri	ncipal is unavaila	able, will you	accept a surroga	ate? If so, do you	have a preference?)
Purpose (Describe in two se	entences or less)	:			
Cost of Attendance (Please	include member	and non-me	mber price if app	olicable):	
Event Web Site:					

**Open Press/Closed Press:** 

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Will the event be live	ve streamed, either on this site or elsev	here?
No	Yes, Livestream site:	
Event sponsor (List	t event sponsors and co-sponsors):	
For Profit	Not for Profit	
Offer of Payment/	Reimbursement (Dining, lodging, travel	):
Event Agenda (Ple	ase place text version of event agenda	below, please highlight speaker requested):
or not the event sp	e Form (Please indicate whether consor has asked the speaker to	Deadline for Acceptance: (For planning, publicizing, etc. Please submit 4 weeks in
sign a disclaimer/r	elease form.	advance of the event):
Honorable Guests attending the even		of Congress, CEOs, or VIPs participating or
Coordinator Point	of Contact (Name, title, email, office pho	ne, cell phone):
coordinate, support, and tra	ack external speaking engagements for the Cyber/Infrastruc	Illection of this information. Purpose: CISA will use this information to ture-related speaking requests. CISA will also use the submitted information essary. Routine Use: This information may be disclosed as generally permitted
DHS/ALL-002 - Department		ne information, as necessary and authorized by the routine uses published in a of Records (November 25, 2008, 73 FR 71659). Disclosure: Failure to this speaking engagement.

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ATTN: PRA [OMB Control No. 1670-NEW].