

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	title of speaker requ	iested):	Event Date:		
Event Time and Duration (List time of event):		Origin of Invitation (Name of organization submitting request):			
Event Location:					
Name:	M	ailing Address:			
Phone:	Ci	ty:	State:		
Speech Topic (Define topics/poir	nts you wish the spe	aker to cover):			
Presentation Format:	Keynote speech	Roundtable	Panel	"Fireside"	
	Chat	Webinar	Other		
Event Type:	Small Group	Dinner	Conference	Other	
Questions & Answer Period:	Yes (specify duration	on): No			
Audience (Anticipated number of attendees; audience background; whether membership is required):					

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Yes (If media is invited relations):	d, please provide	e a list. If applicable, plea	ase provide a point of contac	t for media
No, closed to Press				
May CISA invite media?	Yes	No		
event sponsor, hosting organ	nization, or group ember have a pe	p before whom he/she i	or professional relationship v s speaking? For example, doe r employment /volunteer rela	es the
Surrogate Requested (If prin	ncipal is unavaila	able, will you accept a su	ırrogate? If so, do you have a	preference?)
Purpose (Describe in two set	ntences or less):			
Cost of Attendance (Please i	nclude member	and non-member price	if applicable):	
Event Web Site:				

Open Press/Closed Press:

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Will the event be liv	ve streamed, either on this site or elsev	here?
No	Yes, Livestream site:	
Event sponsor (List	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 onsor 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	of Contact (Name, title, email, office pho	one, cell phone):
coordinate, support, and tra	ck 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
under 5 U.S.C. §552a(b) of DHS/ALL-002 - Department	the Privacy Act of 1974, as amended. This includes using the	ne information, as necessary and authorized by the routine uses published in nof Records (November 25, 2008, 73 FR 71659). Disclosure: Failure to

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