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## ODPHP/PCSFN Speaking Request Form

**(Please submit request at least 8 weeks prior to your event)**

Thank you for your interest in the Office of Disease Prevention and Health Promotion (ODPHP).

If you would like to invite a member of the ODPHP staff or the President's Council on Sports, Fitness & Nutrition (PCSFN) to participate in your event, please fill out the Speaking Request Form below. All requests should be submitted at least 8 weeks prior to your event to allow ample time for processing and scheduling.

Please provide as much of the requested information as possible to help our team in making a decision. You may also submit a formal letter of invitation or supporting documents. If the invitation is for a Council member (<https://health.gov/our-work/nutrition-physical-activity/presidents-council/council-members>), we will extend the invitation directly to them.

Due to the high volume of requests, please await our response to your invitation. You will receive confirmation or declination within 4 weeks of submitting this request. If we are able to meet your request, we will contact you to discuss further details.

### INVITEE

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**Who is this request for?**

- Select - 

**What is the requested topic?**

(Please select all that apply).

- President's Council
- Healthy People
- Healthy Aging

- Health Literacy
- Dietary Guidelines
- Physical Activity Guidelines
- Move Your Way®
- National Youth Sports Strategy
- MyHealthfinder
- Long-Term Recovery and Resilience
- Other

**Have you been working with an ODPHP/PCSFN staff member on this request?**

- Yes
- No

**Please list the individual you have been working with**

## EVENT INFORMATION

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**Event Name**

**Event Date**

**Event Start Time**

**Event End Time**

**Event Type**

**Event Description**

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**What is the type of speaking role?** - Select - ▼

**What is the duration of the requested speaking role?**

**What is the expected audience composition?**

**What is the expected attendance size?**

**List any other distinguished guests or notable speakers**

**Is the event open to the press?**

Yes

No

**Are federally registered lobbyists or federally registered lobbying organizations invited to the event?**

Yes

No

**Please list who and/or what organizations were invited?**

**Is this event open to the general public or available through individual invitation only?**

**What is the ticket price or registration fee for this event, if any?**

Ex: Free / \$100.00

**Will there be any fundraising at this event?**

- Yes
- No

**Please provide a brief description of the nature of the fundraising activity**

## ORGANIZATION INFORMATION

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**Organization Name**

**Organization Website**

**Contact Name**

**Contact Title**

**Contact Phone** Ex: 760-555-1212

**Contact Email**

**Formal Letter of Invitation and/or Supporting Documents**

No file chosen

You may submit a formal invitation or supplemental materials that could be useful as we review your request.

Maximum 5 files.

2 MB limit.

Allowed types: pdf, doc, docx.

Submit

**Following Up:**

We will confirm or decline requests for a Council member or ODPHP staff member to attend your event within 4 weeks of receiving your invitation.

You should not include ODPHP or PCSFN in any promotional materials for your event until we confirm that a member of the Council or our staff will be able to attend. You also should not list a Council member or staff as “invited” until we confirm attendance.

**Additional Questions:**

If you have additional questions, please use the contact form (<https://health.gov/about-odphp/contact-us>) on the ODPHP website.