



# COUNTY SPEAKER REQUEST FORM

Thank you for requesting a member of the Sedgwick County Commission to speak at your event. **To assist in coordinating their appearance, please complete this form and return it to the County Commission office, if possible at least a week before the event.**

## EVENT INFORMATION

*Date of Event*

*Start & End Time of Event*

*Title of Event*

*Location and Address of Event*

*Event Parking Instructions*

## REQUESTED SPEAKER

*Who are you requesting to speak?*

a.m.  p.m.

*Official's Arrival Time*

a.m.  p.m.

*Official's Speaking Time*

## EVENT ORGANIZER

*Organization Name*

*Organization Website*

*Contact Name*

*Contact Phone*

*Contact Email*

## KEY MESSAGES

*As the subject matter of your organization, please provide draft messages, key messages or other direction here for review by the Strategic Communications Office.*

If you have any questions, please contact the County Commission office at 316-660-9300.

**Please return this form to [lynda.baker@sedgwick.gov](mailto:lynda.baker@sedgwick.gov)**

**or mail County Commission Office | 100 N. Broadway, Suite 660 | Wichita, KS 67202**