

# STATE SENATOR ROSALIND OSGOOD

## Speaking Request Form



Thank you for inviting Senator Osgood to be a part of your event. We look forward to working with you to ensure its success. Please fill out the form below so we can carefully plan the Senator's participation in your event. Once completed, please email the form to [Garcia.Rubi@flsenate.gov](mailto:Garcia.Rubi@flsenate.gov). Please ensure the point of contact is available on the day of the event in case of emergency.

**POINT OF CONTACT NAME:**

**DATE OF REQUEST:**

**CONTACT CELL PHONE:**

**CONTACT EMAIL:**

**NAME OF ORGANIZATION:**

**EVENT NAME:**

**EVENT PURPOSE:**

**DATE OF EVENT:**

**EVENT START TIME & TIME ZONE:**

**EVENT END TIME:**

**ADDRESS OF EVENT:**

**PARKING DETAILS (RESERVED/VALET/OTHER):**

**THEME OF EVENT:**

**FOCUS OF LECTURE/SPEECH:**

**TARGETED AUDIENCE:**

**TIME LENGTH OF SPEECH:**

**REQUESTED ARRIVAL TIME FOR DR. OSGOOD:**

**AUDIENCE SIZE:**

**EVENT ATTIRE/DRESS CODE:**

**INDOOR/OUTDOOR EVENT:**

# STATE SENATOR ROSALIND OSGOOD

## Speaking Request Form (continued)



**SEATING DETAILS:**

**SPECIAL PRESENTATIONS:**

**WILL BREAKFAST/LUNCH/DINNER BE PROVIDED?**

**HONORARIUM OFFERED (IF APPLICABLE):**

**WILL EVENT BE RECORDED OR TELEVISED?**

**ADDITIONAL EVENT INFORMATION:**

**OPPORTUNITY FOR DR. OSGOOD TO PRESENT MEDIA ITEMS? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**INTERVIEW OPPORTUNITIES? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**TRAVEL ARRANGEMENTS: (AIR, CAR, SHUTTLE SERVICES) WE ASK THAT YOUR ORGANIZATION MAKE ALL TRAVEL ARRANGEMENTS. YOU WILL BE PROVIDED THE PREFERRED DEPARTURE AND RETURN TIMES, DATES, AND LOCATION(S) UPON REQUEST. ONCE TRAVEL ARRANGMENTS HAVE BEEN FINALIZED, PLEASE FORWARD TRAVEL ITINERARY.**

**TRAVEL DETAILS:**

**HOTEL DETAILS: NON-SMOKING ACCOMODATIONS PREFERRED:**