



DDDS COMMUNITY ENGAGEMENT PRESENTATION SPEAKER EVENT REQUEST FORM

Thank you for your interest in having us at your event.

In order, to help us facilitate your request, please complete, and submit at least 10 days prior to the event, the following form along with any applicable corresponding attachments to: DHSS_DDDS_Engagement_Requests@delaware.gov, someone will contact you within 3-5 business days upon receipt of form.

*We will do our best to accommodate requests received with **less than 10 days'** notice.*

Please email us if you have any questions or need assistance completing this form.

PART 1: REQUESTOR CONTACT INFORMATION

Today's Date: _____

School, Group, Organization, or Agency Name: _____

Requestor Name: _____ Requestor Title: _____

Address: _____ Email: _____

Phone: _____ Ext.: _____ Cellphone: _____ Fax: _____

PART 2: EVENT PRESENTATION INFORMATION DETAILS

Event Name/Title: _____

Event Date: _____ Event Time: _____ - _____ (Set-Up/Arrival Time): _____
*Start End * If Different than Event Time*

Target Audience of the Event: _____

Brief Event Description:

Role at the Event: Speaker/Presenter Panelist Table Vendor Other: _____

Event Setting Type: In-Person Virtual/Online Hybrid Other: _____

Event Location Address (if applicable): _____

Presentation Topics: DDDS Overview How to Apply for DDDS Services Pathways to Employment

Lifespan Waiver Transition to Adult Day Services Charting the LifeCourse

Specific DDDS Service _____

Other: _____

PART 3: EVENT PRESENTATION FACILITY & EQUIPMENT INFORMATION

Equipment that will be Available to the Presenter on Site:

- Laptop or Computer w/ Microsoft PowerPoint 2007 or higher & USB/CD/DVD Capabilities
- Projector Projection Screen Speaker/Mic Extension Cord
- Connection Cables PowerPoint Remote Clicker Table Podium
- Internet Access - Hardwired or Wireless Other: _____

Expected Media: No Yes *If Yes, describe:* _____

Will the presenter have access to the event facility area prior to the start of the event for setup and audio/visual verification check? No Yes *If Yes, what day/time:* _____

Will the presenter have someone available to assist with A/V support if needed? No Yes

Will this event be recorded? No Yes

Vendor Fee: No Yes *If Yes, Amount:* _____

DDDS Use Only:

Date Received: _____

Received By: _____

Ambassador(s) Assigned: _____

Date Attendance Confirmed: _____

Name of Person Confirmed With: _____

Method of Confirmation (*Phone or Email*): _____