



OFFICE OF MINORITY HEALTH SPEAKER REQUEST FORM

Thank you for requesting member of the Office of Minority Health (OMH) leadership team to speak at your event. Please complete this form and send it along with the invitation letter, final or draft agenda, and other relevant materials to: inviteomhdirector@hhs.gov.

If you have any questions or concerns, please contact Tony Welch (Division of Information and Education) at inviteomhdirector@hhs.gov. Your information will be reviewed and we will contact you with any questions and provide you with a response.

ORGANIZATION INFORMATION

Name of Requesting Organization and Event Host:

Contact Person:

Phone:

Email:

EVENT INFORMATION

Event Name:

Event Theme:

Event Website:

Event Start Date:

Event End Date:

Requested Speaker Participation Date and Arrival Time:

Event Location and Address:

City:

State:

ZIP Code:

Room Name:

Other Information:

Number of expected Event attendees:

Attire:

Audience Demographic (e.g. State officials, Healthcare Professionals, Academia) :

Room Set Up:

Will Media be present? (if yes, please list Media outlets including Social Media)

Are Media interviews requested? (if yes, please name Media Outlets)

Please provide a range of dates/times for media interviews:

PRESENTATION INFORMATION

Type of Presentation Requested (e.g. Keynote, Panelist, Moderator):

Requested Speaker Start Time:

Requested Speaker End Time:

Q/A: YES/NO

Time allotted for Q/A:

Total Presentation time:

Session Title:



Requested Speech Topics/Area of Focus:
Requested Key Messages:
Presentation Set up:
Expected Session Audience Size:
Please list other invited or confirmed Conference Speakers, Session Speakers or Co-Panelists:
Who will give the introduction? (please include their bio in the request package)
Will the session be recorded, broadcast, or webcast?
Pre Event Materials Requested (Please mark all that apply): Bio Headshot PPT Presentation Other:
Other information: