

Regional Office Meeting / Speaker Request Form

Instructions: Complete both pages of this form, and fax it to the appropriate Regional Office.

FAX Numbers

Boston Regional Office (Region 1): 617-565-1339
 New York Regional Office (Region 2): 212-264-6189
 Philadelphia Regional Office (Region 3): 215-861-4140
 Atlanta Regional Office (Region 4): 404-562-7162
 Chicago Regional Office (Region 5): 312-353-0252

Dallas Regional Office (Region 6): 214-767-6400
 Kansas City Regional Office (Region 7): 816-426-3548
 Denver Regional Office (Region 8): 303-844-6374
 San Francisco Regional Office (Region 9): 415-744-3517
 Seattle Regional Office (Region 10): 206-615-2027

Event Name:		Event Location (full street address required):			
Event Date(s) / Time:		Sponsor Name / Type:			
Contact Name / Title:		Contact Phone / e-mail:			
Assessment (please circle or highlight)					
CMS Role:	Speaker	Moderator/Panel	Exhibitor	Meeting Attendee	Other (note below)
Type of Event:	Education / Training	Meeting / Conference	Health Fair	State or Regional Media Interview	Local Media Interview
Projected Attendance:	250-299 300+	100-149 200-249 150-199	50-74 75-99	26-49	1-25
Level of Audience:	Leaders	Mid level managers / coordinators	Front-line educators	Beneficiaries	
Media Coverage:	National	Regional	Local		
Geographic Breadth:	Regional/National	State	County	Local	
Special Target Area: (indicate ALL that apply)	Rural	Low-Income	Ethnic	Disability	Information Intermediary

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Event Information			
Event Language(s):		Ethnic / Disability Group Affiliation:	
Partners Attending:			
Media Type: (print /electronic, name of outlet)			
Sponsor / Attendee Notes: (other pertinent Information)			
Brief Description of Event: (e.g., theme, political considerations, congressional interest, other pertinent info.)			
CMS Initial Contact: (If already made)		Date Received by CMS:	