



Speaker Engagement Request Form

Dr. J. Nadine Gracia, MD, MSCE

Deputy Assistant Secretary for Minority Health

Director of the Office of Minority Health

Office of Minority Health

Thank you for requesting the Deputy Assistant Secretary for Minority Health and Director of the Office of Minority Health (OMH) to speak at your event. Please complete this form and send it along with the following information to inviteomhdirector@hhs.gov.

- original invitation letter
- agenda (draft or final)
- participant list
- other relevant materials

If you have any questions or concerns, please contact Gloria Westbrook (Special Events, Scheduling and Outreach Coordinator, OMH) at gloria.westbrook@os.hhs.gov or (240) 453-6180. Upon receipt of this form along with your supporting documentation, your information will be reviewed and an email response will be sent.

Names & Titles

Requesting Organization:

Invited By:

Type of Event (*e.g. meeting, conference, town hall*):

Dr. Gracia's role (*e.g. speaker, panelist, moderator*):

Event Name:

Event Theme:

Event/Organization Website:

Dates & Times

Date Form was Completed:

Requested Response Date:

Event Start Date:

Event End Date:

Event Start Time:

Event End Time:

Requested Participation Date(s):

Requested Participation Start Time:

Requested Participation End Time:

Requested Participant Arrival Time (Day of Event):

Requested Speaking Start Time:

Requested Speaking Ending Time:

Will there be a Pre/Post Event? YES | NO

If yes, please provide details.

Venue Logistics

Point of Contact:

Phone Number:

Event Address (*please include entire physical address, including building and room number*):

City:

State:

Zip Code:

Country:

Is Parking Available? YES | NO

If yes, please provide details.

What is the Event Attire?

Points of Contacts

Name:

Email Address:

Office Phone:

Cell Phone:

Name:

Email Address:

Office Phone:

Cell Phone:

Name:

Email Address:

Office Phone:

Cell Phone:

Name:

Email Address:

Office Phone:

Cell Phone:

Speech Information

Title of Presentation:

Are you requesting slides? YES | NO

When will the slides need to be emailed (*if applicable*)?

Are you requesting a bio and headshot?

Bio: YES | NO

Photograph: YES | NO

If yes, what is the required format and resolution for the headshot (*e.g. jpeg, eps, 300 dpi, etc.*)?

Speech Start Time:

Speech End Time:

Will there be a Q&A session? YES | NO

If yes, how long is the Q&A session?

Topics you would like to have emphasized in the speech:

Targeted Audience (*e.g. healthcare professionals, industry, federal, state of local officials, academia, students*):

Estimated Audience Size:

What is the percentage?

Women:

Men:

Unknown:

What is the targeted demographic?

Who will give the introduction?

What is their title?

Invited/Confirmed Speaker(s)/Guest(s): (*Please list name, office/agency and title for each speaker. Please include other HHS/Federal agencies.*)

Presentation Set-Up & Media Coverage

Presentation Set-Up *(please check the one that applies):*

- Single Podium
- Table Podium
- Table on Floor
- Table on Stage
- Standing on Stage w/o Table
- Platform
- Other (if other, please specify)

Audience Seating Style *(please check the one that applies):*

- Auditorium
- Classroom
- Theater Style
- Round Tables
- Banquet
- Other (if other, please specify)

Will any media be present? *(please check all that apply and include pertinent details and if they are local/national, if applicable):*

- Radio
- TV
- Print
- Newspaper
- Magazine
- Bloggers

Will the meeting be recorded? *(please check all that apply):*

- Audio
- Video
- Remote Broadcast (pre-recorded or live)
- Webcast
- Other (if other, please specify)

Will any social media be used? *(please include hash tag, links, etc.):*

Air/Ground Transportation and Accommodations

Point of Contact:

Phone Number:

Email:

Name of Closest Airport:

Distance from Airport to Hotel *(miles/time)*:

Distance from Airport to the Event Location *(miles/time)*:

Distance from Hotel to Event Location *(miles/time)*:

Name of Hotel:

Hotel Address:

Hotel Phone Number:

Hotel Fax Number:

Room Block Name:

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