

Speaking Engagement Request Form

Return the completed meeting requests, as follows:

- For email:** send to ACR@cpuc.ca.gov with a copy to KLK@cpuc.ca.gov
- For Fax:** 415.703-1294
- For questions:** 415.703-1407

NOTE: Double click on the checkboxes below to activate/deactivate a checkmark.

1. General information				
Event Name: _____				
Name of hosting organization: _____				
Description of hosting organization: _____				
Website URL: _____				
Date: _____		Start Time: _____		End Time: _____
Location: City: _____	State: _____	Address: _____	Room: _____	Phone: xx _____
2. Contacts				
	Name	Office phone	Cell phone	E-mail
Invitation Contact				
Event Contact				
3. Agenda: If you have a program/agenda (final or tentative) please feel free to attach it				
Printed program: <input type="checkbox"/> no if yes, <input type="checkbox"/> available now available when _____				
Final agenda: <input type="checkbox"/> no if yes, <input type="checkbox"/> available now available when _____				
Other scheduling information (explain or attach): _____				
4. Topic to be addressed				
Please explain the interests of the audience/participants: _____				
Duration of talk <input type="checkbox"/> 15 min. <input type="checkbox"/> 30 min <input type="checkbox"/> 1 hour <input type="checkbox"/> other (list) _____				
Commissioner's Role <input type="checkbox"/> Guest of honor or keynote <input type="checkbox"/> Panel Member <input type="checkbox"/> other _____				
Objective to be accomplished by the Comr's talk and or description of points you want the Comr. to address: _____				
PowerPoint Slides <input type="checkbox"/> expected <input type="checkbox"/> optional <input type="checkbox"/> most will have <input type="checkbox"/> not supported				
5. Attendee Profiles				
Audience: <input type="checkbox"/> community members <input type="checkbox"/> students <input type="checkbox"/> industry members <input type="checkbox"/> other _____				
Number of people expected: _____				
Number of speakers expected: _____				
6. Other speakers or significant guests (to add more, use the back of this form or attach a guest/speaker list)				
Name	Title	Entity association	Speaker	Guest
7. If applicable, identify the costs associated with this event that your organization plans to cover:				
Food: <input type="checkbox"/> yes <input type="checkbox"/> no comment: _____				
Transportation: <input type="checkbox"/> yes <input type="checkbox"/> no comment: _____				
Lodging: <input type="checkbox"/> yes <input type="checkbox"/> no comment: _____				
Registration: <input type="checkbox"/> yes <input type="checkbox"/> no comment: _____				
Office use only				
Activity	CPUC contact	Date 1	Date 2	Comments
Vetting				
Tentative Acceptance				
Final Acceptance				