

## 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

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