



Speaking Engagement Form

Name of organization requesting speaker _____

Nature/mission of organization (e.g., small business association, etc.) _____

Is your organization a for-profit entity? Yes No

Contact Name and Information

Person to contact _____

Contact e-mail _____

Contact telephone number _____

Date and time of speaking engagement _____

Alternate date/time _____

Location of speaking engagement _____

Time allotted for speech/presentation _____

Topic you'd like addressed _____

Number of attendees _____

Please fill out and SAVE this form to your computer, then e-mail it to: diana_mcgowan@tax.state.oh.us. Or fax the form to (614) 466-0047.

Department Use Only

Division: _____

Division Administrator: _____ Approved/Disapproved: (Please circle)

Name(s) of Potential Speakers: _____

Deputy Director: _____ Tax Commissioner: _____

Approved/Disapproved: (Please Circle) Approved/Disapproved: (Please Circle)

Date: _____ Date: _____

Travel: Pool Car: YES/NO (Please Circle) Estimated Mileage: _____