

Speaking Engagement Request Form

Requesting Party Contact Information:

First Name: _____ Last Name: _____

Email: _____ Cell: _____

Organization/Business Name: _____

Date(s) Of Your Event (please consider multiple dates if possible): _____

Time Frame: Start: _____ End: _____ Number of Participants: _____

Address/location of Event Venue: _____

Backup Person and Contact Information: _____

Topics of Interest:

- | | | |
|---|---|---|
| <input type="checkbox"/> Flooding | <input type="checkbox"/> Family Communications Plan | <input type="checkbox"/> General Disaster Preparedness/Planning |
| <input type="checkbox"/> Flood Insurance | <input type="checkbox"/> Preparedness for Children | <input type="checkbox"/> Public Private Partnerships |
| <input type="checkbox"/> Evacuations | <input type="checkbox"/> Preparedness for Teens | <input type="checkbox"/> Business Continuity Planning |
| <input type="checkbox"/> Recovery | <input type="checkbox"/> Preparedness for Seniors | <input type="checkbox"/> Community Rating System (CRS) |
| <input type="checkbox"/> Hurricane Preparedness | <input type="checkbox"/> Preparedness for Special Needs Individuals | <input type="checkbox"/> Community Emergency Response Team (CERT) |
| <input type="checkbox"/> Pets | <input type="checkbox"/> Thunderstorms & Lightning | <input type="checkbox"/> Other: _____ |

Signature: _____ Date: _____

Please email completed form to oem@mypasco.net or call 727-847-8137

If you would like to mail your form into our office, use the following address:

Pasco County Emergency Management
8744 Government Drive, Building A
New Port Richey, FL 34654