Office of the Governor - Event Request Form

Please fill out the form below, providing as much detail about the event as possible. Fields outlined in red are required. Additional materials, such as invitations or draft agendas, can be submitted with the completed form to Tara.Chicharro@governor.ri.gov. If you have any questions about this form, please call 401-222-8039.

For Office Use Leave Blank Rec. on: _____ Initials:

Contact Information	Ì			
Primary Contact		Day-of Contact / Venue Contact	Day-of Contact / Venue Contact	
Name:		Day-of contact:	Day-of contact:	
Title:		Email:		
Organization:		Day-of phone:		
Email:		Venue contact:		
Office phone:		Email:		
Mobile phone:		Phone:		
Event Information				
Event title:				
Primary event host:				
Other event sponsors: Description / purpose of the event:				
Day / Date of event:		Check here if the date of your e	vent is flexible.	
Time of event:	to	Check here if the time of your e	Check here if the time of your event is flexible.	
Dress code:		Has the Governor attended this event befor	e Governor attended this event before?	
Location				
Location / venue:				
Address:				
Will any portion of the e Location notes:	event be outsi	de? If yes, please provide details in the notes	section.	
Event Attendees				
No. of attendees:	to	Others invited to attend (elected officials, community leaders, award recipients, etc.)	Confirmed to attend	
Event open to the public	:			
Event open to the press:	:			
If the Governor is unable to attend, would you like a representative to attend the event?				

Requested designee:

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Governor's Role				
Requested arrival time: Check here if the Governor's arrive	Check here if the Governor's arrival time is flexible.			
Requested length of stay: Check here if the duration of the C	Check here if the duration of the Governor's stay is flexible.			
Will there be a speaking program?Time of speaking program:	to			
Would you like the Governor to speak? If yes, please fill out the rem	narks section of the form.			
Other event speakers, if applicable:				
Check here if a draft agenda or speaking program will be submitted with this form.				
Governor's Remarks				
Governor's role/type of remarks: Time	e of remarks:			
If other, please specify: Leng	gth of remarks:			
Note any specific topics / programs that you would like the Governor to address or other pertinent information for his remarks:				
Event Promotion				
Check here if you plan to include the Governor's name, photo, or biography on event promotion materials.				
Event Media Contact: Email:				
Title: Office phone:				
Organization: Mobile phone:				
Indicate below if you need any materials or information from the Governor's Office for this event.				
Governor McKee's biography For use in:				
Governor McKee's photograph For use in:				
Statement/message from Governor For use in:				
Letter from Governor For use in:				
Other Please specify:				

Citation Request

Check here if you would like to request Gubernatorial Citations for this event. Number of Citations: Specify the names of the individuals or organizations you would like to honor:

Additional information - Use the space below to provide any additional information about the event.