

**SPEAKERS BUREAU EVENT REQUEST**

**INSTRUCTIONS**—To submit a request for a California Department of Tax and Fee Administration (CDTFA) speaker, expo staff, or foreign delegation visit, please fill in the required information in this form. When finished, click on the SAVE button at the bottom of this form and email the form to: [EADSPKBR@cdtfa.ca.gov](mailto:EADSPKBR@cdtfa.ca.gov). Once you have submitted this form, you will receive an email confirming that CDTFA has received your request. Please allow 10 business days for processing your request. If you have any questions, please contact the CDTFA's Speakers Bureau at 1-916-319-9230.

**SECTION I**

NAME OF REQUESTING ORGANIZATION		REQUESTER'S NAME	REQUESTER'S TELEPHONE NUMBER (    )
REQUESTER'S FAX NUMBER (    )	REQUESTER'S EMAIL ADDRESS		
REQUESTING ORGANIZATION (choose from drop down menu)		TYPE OF REQUEST (choose from drop down menu)	
PRESENTATION TOPIC (choose from drop down menu)			OTHER (enter here)
LENGTH OF PRESENTATION			
Is a bilingual speaker(s) needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		LIST THE LANGUAGE(S) TO BE SPOKEN AT THIS EVENT (if other than English)	
Are you requesting a specific speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		SPEAKER'S NAME	

**SECTION II**

EVENT NAME	EVENT DATE	EVENT TIME	EVENT TYPE (for example, seminar, conference, etc.)
EVENT LOCATION			EXPECTED NUMBER OF ATTENDEES
EVENT IS (choose from drop down menu)			

Is the event for-profit?  Yes  No

Is there a cost to the CDTFA to attend this event?

- Yes If yes, enter amount here \$
- No

Please describe what the cost/fee is for (for example, expo table, registration, etc.)

PLEASE LIST STATE AND/OR FEDERAL AGENCIES PARTICIPATING AT THIS EVENT

**CDTFA USE ONLY**

PUBLICATIONS REQUEST CHECK LIST

- No publications requested
- Standard business publications requested (contact Speakers Bureau with questions)
- Standard business publications AND specific publications requested (please list desired publications)
- Specific publications requested (please list desired publications)

**APPROVALS**

OUTREACH SERVICES BUREAU CHIEF	DATE OF APPROVAL
ADMINISTRATOR AND/OR DESIGNEE	DATE OF APPROVAL
ASSISTANT CHIEF OF FIELD OPERATIONS	DATE OF APPROVAL

**FOR-PROFIT EVENTS (additional approvals required)**

CHIEF COUNSEL	DATE OF APPROVAL
DIRECTOR	DATE OF APPROVAL