SPEAKERS BUREAU EVENT REQUEST

INSTRUCTIONS—To submit a request for a California Department of Tax and Fee Administration (CDTFA) speaker, exposition staff, foreign delegation visit, or other event, please fill out this form. When finished, save this form and email it to CDTFA-SpeakersBureau@cdtfa.ca.gov. Please allow 10 business days for processing. You will receive an email confirming your request. If you have any questions, please contact CDTFA's Speakers Bureau at 1-916-309-8440.

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SECTION I			
REQUESTER'S NAME	NAME OF REQUESTING ORGANIZATION		
REQUESTER'S TELEPHONE NUMBER REQUESTER'S EMAIL ADDRESS			
REQUESTER'S TELEPHONE 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)		С	THER (enter here)
LENGTH OF PRESENTATION			
Is a bilingual speaker(s) needed? Yes No	LIST THE LANGUAGE(S) TO BE SPOKEN AT THIS EVENT (if other than English)		
Are you requesting a specific speaker? Yes	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 CDTFA to attend this event?			
Yes If yes, enter amount here \$			
No			
Please describe what the cost/fee is for <i>(exposition ta</i>	able, registration, etc	:.)	
LIST OTHER ELECTED OFFICIALS, GOVERNMENT AGENCIES, NON-GOVI	ERNMENTAL ORGANIZATION	S, AND PRIVATE COMPANIES	S PARTICIPATING IN THIS EVENT

APPROVALS—CDTFA USE ONLY			
ADMINISTRATOR/SUPERVISOR SIGNATURE	DATE		
DEPUTY DIRECTOR/CHIEF SIGNATURE	DATE		
CHIEF COUNSEL OR DESIGNEE SIGNATURE	DATE		
DIRECTOR SIGNATURE	DATE		