

SPEAKING ENGAGEMENT REQUEST
Information & Privacy Commissioner of Ontario

Event Name:

Event Date:

Event Website:

Agenda attached: Yes No

PRESENTATION DETAILS

Themes/Issues/Key Messages to Cover (*please attach additional sheet if necessary*):

Time Allotted:

60 minutes including Q/As

45 minutes including Q/As

Other (please specify) _____

Type:

In person

Webinar

Video (e.g. Skype)

Other (please specify) _____

Format:

Keynote/Plenary

Panel (please list other panelists)

Other (please specify)

Concurrent

Attendee Profession/Knowledge of Subject Matter/Etc.:

Audience Size:

Other Speakers:

Presentation Time:

Venue Name:

Venue Address:

Venue Room Name/Number:

Event Day Contact's Name:

Event Day Contact's Phone Number:

Rendezvous Location:

Please check which of the following will be provided:

Stationary microphone

Projector

Laptop

Podium

Other (please specify)

Requestor/Organization:

Business Address:

Contact Person(s):

Telephone:

Cell Phone:

E-mail Address:

Other Comments: