



**ALCOHOLIC BEVERAGE CONTROL**  
**COMMONWEALTH OF KENTUCKY**  
**DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400  
502-564-4850 phone  
502-564-7479 fax  
<http://abc.ky.gov>

## **SPEAKER REQUEST FORM**

The request form is due one month prior to the event to be considered. If the request form is not received timely, then the agency may be unable to participate. Submission of a request form does not guarantee agency participation.

Group Name: \_\_\_\_\_ Event Title: \_\_\_\_\_

Event Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event Contact Person: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_ Start Time: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_ Number of Presentations: \_\_\_\_\_

Number of Participants per Presentation: \_\_\_\_\_

Audience (i.e., middle school students): \_\_\_\_\_

Presentation Desired:  Speaker  Round Table  Booth/Fair

Description of Desired Presentation: Please note if this is a keynote presentation.

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Additional Description of the Event:

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Agency decision: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_