



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Child Support Services

DCSS SPEAKERS BUREAU - INVITATION REQUEST FORM

EVENT/ACTIVITY: _____

DATE: _____

Start Time: _____ End Time: _____

SET-UP (Date/Time): _____

SPONSOR: _____

LOCATION: _____

INSIDE ____ or *OUTSIDE ____ *plan for inclement weather.

* _____

EVENT DESCRIPTION: _____

TARGET AUDIENCE: MEN ____ WOMEN ____ CHILDREN ____ SENIORS ____

AUDIENCE AGE RANGE: _____

EXPECTED ATTENDANCE: 1-10 ____ 10-20 ____ 20-30 ____
30-50 ____ 50-100 ____ 100-200 ____
200-500 ____ 500-1000 ____ 1000+ ____

SPONSOR PROVIDES: Tables ____ Chairs ____
Electricity ____ Food/Drink ____

COST: Non-Profit \$ ____ For Profit \$ ____ DUE BY: ____

PAYABLE TO: _____

CONTACT PERSON: _____

CONTACT'S PHONE # _____ DAY OF # _____

CONTACT'S EMAIL: _____

PLEASE COMPLETE AND RETURN THIS FORM TO:
DCSS, COMMUNITY RELATIONS OFFICER – FAX# 302-395-6735