

MISSISSIPPI DEPARTMENT *of* EMPLOYMENT SECURITY

Speaker Request Form

Please complete and submit the form below for our subject matter experts to speak to your group or groups.

Requestor Name: Requestor Phone: - -

Date of Engagement: (Month) (Day) (Year)

Time and Length of Engagement:

Place of Engagement:
(Include Address and Directions if possible)

of People Expected:

Audience *(What group will be attending?)*:

Topic/Purpose of Meeting:

What expectations do you have for our speaker? Information only Training Other

If Other, Please Specify :

Your E-mail Address:

To submit this form by e-mail, [click here](#) or send to communications@mdes.ms.gov .

To submit this form by fax, send to: 601-321-6271 or to [PRINT](#) and mail a copy, please send to the attention of Communications at: **Mississippi Department of Employment Security**
1235 Echelon Parkway
Jackson, MS 39213

For more information, call Communications at 601.321.6091 or email us at communications@mdes.ms.gov .

MDES Use Only (Below This Line)

Speaker Assigned:

Materials needed: