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| Speaker's Bureau Coordinator Use Only |              |
|---------------------------------------|--------------|
| Date: _____                           | Date: _____  |
| To: _____                             | To: _____    |
| Fax#: _____                           | Fax#: _____  |
| Email: _____                          | Email: _____ |

## 2013 Agency Request Form

*\*Available electronically by request\**

|                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Speaker | <input type="checkbox"/> Display | <input type="checkbox"/> Tour    |
| Requested by:                    |                                  | Telephone:                       |
| Company/Organization:            |                                  |                                  |
| Contact Person/Title:            |                                  |                                  |
| Phone:                           | Fax:                             | E-Mail:                          |
| Company Address:                 |                                  |                                  |
| Directions:                      |                                  |                                  |
| Engagement(s):                   |                                  |                                  |
| Date:                            | Time:                            | Date:                      Time: |
| Date:                            | Time:                            | Date:                      Time: |

*Complete page 2 for additional request information*

| <b><u>AGENCY CONFIRMATION</u></b>   |      |         |
|---|------|---------|
| <b>**Agency Only---In order to ensure effective planning please respond within 72 hours of received request**</b>   |      |         |
| Agency:   |      |         |
| Speaker:  |      |         |
| Phone:  | Fax: | E-Mail: |
| Day/Dates(s):   |      | Time:   |
| Engagement Acceptance: (Agency Representative name must be typed)<br>I hereby acknowledge and accept the above request at the indicated date, time and event. |      |         |
| Signature:  |      | Date:   |

*(Electronic reply and typed name serves as signature)*

## ADDITIONAL INFORMATION

|   |                                       |                             |
|---|---------------------------------------|-----------------------------|
| 1. The company will have a representative/host onsite to assist the agency representative(s) and answer questions the day of the event: | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
| Name: _____ Telephone # : _____   |                                       |                             |
| 2. The agency representative should park in which of the following:   |                                       |                             |
| <input type="checkbox"/> Reserved <input type="checkbox"/> Visitor <input type="checkbox"/> Open <input type="checkbox"/> Other _____   |                                       |                             |
| 3. There are several buildings at this location:  | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
| If yes, in which building will the event take place?  |                                       |                             |
| 4. The company has a security desk or gate:   | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
| 5. What is required to enter the building?  |                                       |                             |
| <i>Please fill out the following information if a <b>display</b> is requested.</i>  |                                       |                             |
| a. A car can be pulled into the loading/unloading area to load/unload the display if needed:  | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
| b. People or carts are available to assist with moving displays or display items if needed:   | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
| c. The following are available or provided for the agency representative(s) use:  |                                       |                             |
| <input type="checkbox"/> Tables <input type="checkbox"/> Electrical Outlets <input type="checkbox"/> Other _____                        |                                       |                             |
| d. If displays are held over lunch or dinner hours, will the agency representative(s) be able to purchase food onsite:                  | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |
| 6. Additional Information:  |                                       |                             |
| <i>Please fill out the following information if a <b>speaker</b> is requested.</i>  |                                       |                             |
| 7. Topic of Speech:   | 10. Audience Type:                    |                             |
| 8. Length of Speech:  | <input type="checkbox"/> Blue Collar  |                             |
| 9. Group Size:  | <input type="checkbox"/> White Collar |                             |
| 10. Special Instructions/Requested Agency:  | <input type="checkbox"/> Labor        |                             |
|   | <input type="checkbox"/> Management   |                             |
|   | <input type="checkbox"/> Solicitors   |                             |
|   | <input type="checkbox"/> Other        |                             |
| <i>Please fill out the following information if a <b>tour</b> is requested.</i>   |                                       |                             |
| 11. Agency or Topic Preference:   |                                       |                             |
| Special Considerations/Requests:  |                                       |                             |
| # of Tour Participants:   |                                       |                             |
| Length of Tour:   |                                       |                             |
| Date: _____   | Time: _____                           | Date: _____                 |
|   |                                       | Time: _____                 |