



Event Speaker, Training and Special Assistance Request Form

1. Requester Information (to be included on all request forms)

Organization _____

Contact Name and Title _____

Email Address _____ Telephone Number _____

2. Event Speaker Request

Name/Title of Event _____

Date and Time of Event _____ Desired Length of Presentation _____

Location of Event _____

Requested Speaker (if interested in a particular PVD staff to present) _____

Topic Description _____

3. Special Assistance or Training Request

Description of Request _____

Reason for Needed Assistance (e.g., staffing issues, special use property,
additional/specialized staff training needed, etc.) _____

Specific Date/Date Range Requested _____

Location of Assistance/Training _____

Specific PVD Staff Requested _____

Signature _____

Date _____

**Email completed request form to
kdor_pvd@ks.gov**

FOR PVD USE ONLY

Receipt Date: _____ Response Date: _____ Accepted: Y or N

Approved by: _____ Approval Date: _____

Assigned to: _____

Preliminary Scope of Work: _____

Summary of Task Completion: _____

Date(s) of Actual Presentation/Assistance: _____

Total Time (including prep, travel, etc.): _____

Total PVD Expense (mileage, lodging, per diem): _____

Amount Billed to Requestor: _____