

## Office of the Lieutenant Governor - Event Request Form

Please fill out the form below, providing as much detail about the event as possible. **Fields outlined in red are required.** Additional materials, such as invitations or draft agendas, can be submitted with the completed form to [Sarah.Achille@ltgov.ri.gov](mailto:Sarah.Achille@ltgov.ri.gov). If you have any questions about this form, please call 401-222-2373.

*For Office Use Leave  
Blank*

Rec. on: \_\_\_\_\_  
Initials: \_\_\_\_\_

### Contact Information

#### Primary Contact

Name:

Title:

Organization:

Email:

Office phone:

Mobile phone:

#### Day-of Contact / Venue Contact

Day-of contact:

Email:

Day-of phone:

Venue contact:

Email:

Phone:

### Event Information

Event title:

Primary event host:

Other event sponsors:

Description / purpose  
of the event:

Day / Date of event:

Check here if the date of your event is flexible.

Time of event: to

Check here if the time of your event is flexible.

Dress code:

Has the Governor attended this event before?

### Location

Location / venue:

Address:

Will any portion of the event be outside?

*If yes, please provide details in the notes section.*

Location  
notes:

### Event Attendees

No. of attendees: to

**Others invited to attend** (elected officials, community leaders, award recipients, etc.)

Confirmed to  
attend

Event open to the public:

Event open to the press:

If the Lt. Governor is unable to attend,  
would you like a representative to  
attend the event?

Requested designee:

**Lt. Governor's Role**

Requested arrival time: Check here if the Lt. Governor's arrival time is flexible.

Requested length of stay: Check here if the duration of the Lt. Governor's stay is flexible.

Will there be a speaking program? Time of speaking program: to

Would you like the Lt. Governor to speak? *If yes, please fill out the remarks section of the form.*

Other event speakers,  
if applicable:

Check here if a draft agenda or speaking program will be submitted with this form.

**Lt. Governor's Remarks**

Lt. Governor's role/type of remarks: Time of remarks:

If other, please specify: Length of remarks:

Note any specific topics / programs that  
you would like the Lt. Governor to address  
or other pertinent information for his remarks:

**Event Promotion**

Check here if you plan to include the Lt. Governor's name, photo, or biography on event promotion materials.

Event Media Contact: Email:

Title: Office phone:

Organization: Mobile phone:

Indicate below if you need any materials or information from the Governor's Office for this event.

Lt. Governor Matos' biography	Lt. Lt.	For use in:
Governor Matos' photograph		For use in:
Statement/message from Lt. Governor		For use in:
Letter from Lt. Governor		For use in:
Other	Please specify:	

**Citation Request**

Check here if you would like to request Citations for this event. Number of Citations: Specify the names of the individuals or organizations you would like to honor:

**Additional information** - Use the space below to provide any additional information about the event.