

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.

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 Lt. Governor attended before?

Location

Location / venue:

Address:

Will any portion of the event be outside?

If yes, please provide details in the notes section.

Location/
parking
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 with purpose of remarks.*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 - Format For use in:

Lt. 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 RequestCheck here if you would like to request Citations for this event. Number of Citations: Specify the
names of the individuals including titles, name of award, or organizations you would like to honor:**Additional information** - Where will the Lt. Governor sit, and by whom? Use the space below to provide any additional information about the event.