Speaker Request Form

If a Division of Medicaid (DOM) employee is requested or plans to speak or present at an event, a Speaker Request Form must be completed by the Requestor or DOM employee. The form must be submitted no later than 10 working days prior to the event. Upon submission, a DOM staff member will contact the event coordinator regarding the event. To submit, print the completed form and fax to 601-359-4185 or email the form to RFI@medicaid.ms.gov.

Event Coordinator or Contact Information

Contact Name:_____ Date Submitted: _____

Phone Number:_____ Email Address: _____

Event Information

Event Location/Address:

Street Address: _____

City, State:_____ Zip Code:_____ County: _____

Date of Event:_____ Attendee Estimate:_____ Will media be present? ☒ Yes ☐ No

Description of Event/Audience:

_____

Notes:

_____

Internal Use Only

DOM Employee(s) Participating: _____

DOM Employee's Role: _____

DOM Staff Completing Form:_____ Date Completed: _____

Signature of Approving Authority:_____ Date Approved: _____

DOM will make every effort to accommodate all Speaker Requests as is allowed based staff availability and funding. However, due to current budgetary constraints some requests may not be approved.

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