



**ARKANSAS INSURANCE DEPARTMENT
ADMINISTRATION DIVISION
1200 WEST 3RD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2621; FAX: 501-371-2629**

REQUEST FOR SPEAKER

The Arkansas Insurance Department frequently provides speakers on a variety of insurance issues. Please complete this form in its entirety so that Insurance Department staff may coordinate your needs with available resources. Return this form with a cover letter and proposed agenda to Ms. Crystal Harkins at the above address or via e-mail at crystal.harkins@arkansas.gov or fax to (501) 371-2629. Please note that later changes to the original request may affect speaker availability.

Name of Event: _____

Sponsoring Organization: _____

Contact Name: _____ Contact E-mail: _____

Contact Office Phone: _____ Contact Cell Phone: _____

Contact Address: _____

Date Requested: _____ Time Requested: _____

Alternate Date: _____ Time Requested: _____

Address & Event Location: _____

(Please provide written directions to location if outside the Little Rock area.)

Event Site Phone: _____ Event Site Fax: _____

Speaker Requested: Commissioner AID Staff Specific Staff Member _____

Speech Format: Keynote Panel Other (details) _____

Speech Length: _____ If Q&A Follows, Length: _____

Speech Topic: _____

Approximate Audience Size: _____

Audience Composition: _____

Other Invited Guests: _____

Will you be requesting continuing education credit? Yes No Number of Hours: _____

(Please contact Ms. Barbara Gordon in our License Division at 501-371-2752 for instructions on receiving CE credit.)

If travel required, will ALL EXPENSES be covered by your group? Yes No

If partial expenses covered, which ones? Airfare Hotel Meals Taxi Tips Telephone

If event site is outside the Little Rock area and requires overnight accommodations, please suggest a hotel:

Name: _____ Telephone _____

Comments: