

# LG1001 Speaking Request

To allow for staff scheduling, submit this form at least three months in advance. **If you do not receive a written response to your request within three weeks after submission, please contact the Gambling Control Board at 651-539-1900.**

<b>CONTACT INFORMATION</b>	
Contact Name: _____	Daytime Phone: _____
Email Address: _____	
State-Level Organization Name: _____	
Address: _____	City/Zip: _____
<b>SPEAKING ENGAGEMENT INFORMATION</b>	
<p><b>1. Type of gathering:</b></p> <p><input type="checkbox"/> Statewide convention</p> <p><input type="checkbox"/> Conference for _____</p> <p><input type="checkbox"/> Leadership training for _____</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><b>2. Date:</b> _____ <b>3. Time:</b> _____ a.m./p.m.</p> <p><b>4. Length of speaking engagement:</b> _____ hours (from 1 to 2.5 hours)</p> <p><b>5. Location name:</b> _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p><b>6. Moderator's name:</b> _____ (person who will introduce the speaker)</p> <p><b>7. Requester agrees to provide the following:</b></p> <p><input type="checkbox"/> Wireless lapel microphone      <input type="checkbox"/> Projection screen</p> <p><input type="checkbox"/> Podium      <input type="checkbox"/> Table</p> <p><input type="checkbox"/> Handouts for all attendees (copies will be made from the master copy provided by the Gambling Control Board)</p>	<p><b>8. Number of persons expected to attend the presentation:</b> _____</p> <p><b>9. Gambling involvement of persons attending (check all that apply):</b></p> <p><input type="checkbox"/> Gambling committee members</p> <p><input type="checkbox"/> CEOs, commanders, and other organization officers/leaders</p> <p><input type="checkbox"/> Gambling managers</p> <p><input type="checkbox"/> Assistant gambling managers</p> <p><input type="checkbox"/> Gambling employees</p> <p><input type="checkbox"/> Organization members</p> <p><b>10. List any specific gambling-related topics you would like addressed by the speaker:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>For Gambling Control Board use only:</b></p> <p><input type="checkbox"/> <b>Approved.</b> Staff assigned _____</p> <p><input type="checkbox"/> <b>Denied.</b></p> <p>Attendance expenses qualify as an allowable expense:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Engagement qualifies as a continuing education class:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	

Mail this form to: Minnesota Gambling Control Board  
 Suite 300 South  
 1711 West County Road B  
 Roseville, MN 55113

Or fax to: 651-639-4032

**Questions?** Call the Gambling Control Board at 651-539-1900. This form will be made available in alternative format (i.e. large print, braille) upon request.