

Minnesota Health Insurance Exchange Speaker Request Form

Thank you for your interest in the Minnesota Health Insurance Exchange. To help us facilitate your request, please provide us with the following information. **Please save PDF to your desktop** and email completed form to: SpeakerRequest.HIX@state.mn.us

Requestor Information

Name:

Company/Organization:

Website:

Contact Email:

Phone, ext:

Description of Organization:

Event Information

Title of Event:

Location:

Date:

Event Start Time:

Event End Time:

Time Presenter Needs to Arrive:

Total Time Commitment of Presenter:

Description/Purpose of Event:

Audience Profile:

Estimated Number of Attendees:

Will the Media Be Invited: Yes No

Have State Legislators been invited to attend or present? Yes No

Additional Details (e.g. Do you have a specific speaker in mind? Are you requesting more than one speaker? Etc.)

Do you need a speaker photo: Yes No

 If Yes, Date Due:

Other:

Additional Information

If travel is required, what provisions will be made?

Will the speaker need to have a specialized area of knowledge? Yes No

 If Yes, please describe: