

Tennessee Governor's Council on Physical Fitness and Health

Speaker Request Form

Organization Name _____

Address _____

Address _____

City _____ County _____

State _____ Zip _____

Phone (____) _____

Email _____

Contact Person _____

Phone (____) _____

Please choose one topic for the speaker to address

1. Wellness where we Live
2. Wellness where we Work
3. Wellness where we Learn

Event Information

Name of Event _____

Location _____ City _____

County _____ Zip _____

Date of Event

First Choice ____/____/____ (month/day/year)

Second Choice ____/____/____ (month/day/year)

Third Choice ____/____/____ (month/day/year)

Number of Sessions _____ Length of Sessions _____ hours ____ minutes

Number of People Expected _____

Describe your target audience

Have you hosted this event in prior years? _____ If so, what was the turn out?

Will the event be a cooperative effort with other businesses, social groups, or coalitions?

What are your goals for this event?

What type of publicity will be used?

How did you hear about the Governor's Council for Physical Fitness and Health?

Please mail, fax, or email with an attached copy of this form to

Laurie Stanton
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Nashville, Tennessee 37243
Fax 615-532-7189
laurie.stanton@tn.gov