## Office of the Governor Event Information Sheet

Thank you for your interest in having the governor attend this event. The following information is needed for scheduling purposes.

Please return this form to the attention of:

Ms. JILL JUMPER OFFICE OF THE GOVERNOR,

POST OFFICE BOX 139 JACKSON, MISSISSIPPI 39205-0139

OR BY FAX TO: 601-359-3741

Name of the Event:		
Day of the week and da	ate of Event:	
Beginning Time:	Speaking Time:	Ending Time:
Location of the Event:		
Estimated Attendance:		
Sponsoring Group or O	rganization:	
Contact Person:		
Phone Number: Fax Number:		
Contact Person at the Event:		
"In case of emergency	" number at Event location:	
Type of request:	Appearance Only:	Keynote Address:
	Welcome/Opening Remarks:	Brief Remarks:
	Panel Participant:	Other:
	For Speaking Engagements:	
Length of Speech:		
Topic of interest for spe	eech or remarks:	
Biography or photo requested: Biography Photo		
Who will introduce Gov	vernor Musgrove:	
Other Speakers:		

ASAP SEND THE PROGRAM AGENDA FOR THIS EVENT!