



ALCOHOLIC BEVERAGE CONTROL
COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
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SPEAKER REQUEST FORM

The request form is due one month prior to the event to be considered. If the request form is not received timely, then the agency may be unable to participate. Submission of a request form does not guarantee agency participation.

Group Name: _____ Event Title: _____

Event Address: _____ City: _____ State: _____ Zip: _____

Event Contact Person: _____ Primary Phone
#: _____ Contact Email:

_____ Date of

Presentation: _____ Start Time: _____ Length

of Presentation: _____ Number of Presentations: _____

Number of Participants per Presentation: _____

Audience (i.e., middle school students): _____

Presentation Desired: Speaker Round Table Booth/Fair

Description of Desired Presentation: Please note if this is a keynote presentation.

Additional Description of the Event:

Agency decision: _____ Signed: _____ Date: _____