

DOC OS MEETING REQUEST QUESTIONNAIRE

All fields are required unless otherwise indicated.

Select if the request is for Secretary Raimondo or Deputy Secretary Graves

First Name (Requestor)

Last Name

Organization or DOC Bureau/Office

Title of Event or Meeting

Type of Request

Event/Meeting Location

Email

Telephone Number

Event Location Address

Event Location Address 2 [Not Required]


City/Town

State/Province

ZIP/Postal Code

Country

Preferred Date

Preferred Time(s)

1st Alternate Date [Not Required]

1st Alternate Time(s) [Not Required]

2nd Alternate Date [Not Required]

mm/dd/yyyy 

2nd Alternate Time(s) [Not Required]

Event/Meeting Topics

Anticipated Attendees and Titles

Format/Agenda

Please specify the Secretary's role in this event or meeting.

Format/Agenda

Please specify the Secretary's role in this event or meeting.

Press

-Select- ▼

Background or Supplemental Information [Not Required]

Public Burden Statement

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