



Employee Benefits Division Event Request Form

Event Information

Name of Event:			
Agency or School District:			
Event Date:		Event Start & End Time:	
EBD Director Requested to Speak?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other EBD Requested Speaker?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, who?)
Event Format	<input type="checkbox"/> In-Person <input type="checkbox"/> Virtual (If virtual what platform?)		
EBD Discussion Topic:			
Audience Type:		# of People Expected:	
EBD to Give Presentation?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Presentation Start & End Time:	
EBD to have a Table/Booth?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Table/Booth Start & End Time:	
Handout/Material Requested:	<input type="checkbox"/> No <input type="checkbox"/> Yes		

Location Information

Name of Event Venue/Building:			
Address:			
Special Information or Directions			

Contact Information

Name:			
Email Address:		Phone:	
Onsite Contact (if different):		Onsite Phone:	

Please complete and email this form to Ask.EBD@arkansas.gov.
EBD will reach out to confirm details of the request and we do not guarantee EBD will be available for the event.