



# Employee Benefits Division Event Request Form

***Please give at least 30 days notice of event. EBD will try to work with you if a request is made within 30 days.***

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Agency/District: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ No. of Attendees: \_\_\_\_\_

Address: \_\_\_\_\_

Are you requesting the Director?                      Yes                      No

Approximately Event Length: \_\_\_\_\_                      In-person                      Virtual

If virtual, what platform? \_\_\_\_\_

Topics: \_\_\_\_\_

Handouts or other materials requested: \_\_\_\_\_

\_\_\_\_\_

Other requests: \_\_\_\_\_

**Please complete and email to [Ask.EBD@arkansas.gov](mailto:Ask.EBD@arkansas.gov) or submit a task to EBD\_Communications. EBD will reach out to confirm details of the request and we do not guarantee EBD will be available for the event.**