



**Kentucky Department of Veterans Affairs**

**Appearance Request**



**Request for** \_\_\_\_\_

**Individual/Organization Making Request** \_\_\_\_\_

**Point of Contact Name** \_\_\_\_\_

**Point of Contact Phone** \_\_\_\_\_

**Point of Contact Cell Phone** \_\_\_\_\_

**Point of Contact Email Address** \_\_\_\_\_

**Name of Event** \_\_\_\_\_

**Event Date** \_\_\_\_\_

**Event Start Time** (please note time zone) \_\_\_\_\_

**Event End Time** (please note time zone) \_\_\_\_\_

**Appearance Time** \_\_\_\_\_

**Venue/Location** \_\_\_\_\_

**Address/City** \_\_\_\_\_

**State/Zip Code** \_\_\_\_\_

**(cont'd on next page)**



**Kentucky Department of Veterans Affairs**

**Appearance Request (Cont'd)**



**Nature of Program** (Include Timeline and Speaker Order) \_\_\_\_\_

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**Will Media Be in Attendance?**    Yes        No

**Target Audience** \_\_\_\_\_

**Number of Attendees** \_\_\_\_\_

**Event Attire** \_\_\_\_\_

**Food/Meal Provided**    Yes        No

**Dignitaries or Speakers Participating** \_\_\_\_\_

**Organization and Event Website** \_\_\_\_\_

**Social Media Links (Facebook, Twitter, Instagram)** \_\_\_\_\_

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**Additional Notes** \_\_\_\_\_

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**Mail to: KDVA Scheduling  
Louisville Rd.  
Frankfort, KY 4060**

**Fax to: 502-564-9240 1111B**