TEXAS DEPARTMENT OF AGRICULTURE COMMISSIONER SID MILLER

EVENT FORM

Event Date (mm/dd/yyy)		Event Start Time	Э	Event End Tin	ne	Speaking Time
Event Name						
Type of Event	Speech		Press Confer	rence (Other	
Organization Hostin	g Event					
Has Commissioner Yes No Event/Organization		ed This Group Pro	eviously?			
EVENT INFORM	ATION					
Event Location						
Room			Ex	xpected Attenda	ance	
Address						
City			State	Zip	Lo	ocation Telephone #
Attire						
Casual	Busi	ness Casual	Business		Black Tie	

Introduction By		(Title)			
State Legislators/State-Wide	Elected Officials Invited?				
Yes No					
List Dignitaries/Legislators E	xpected to Attend				
Is This Event Open or Close	d to the Press				
Open Closed					
Will Commissioner Miller Be Speaking? Suggested Speech Length		Will There Be a Q&A Period Following His Remarks?			
Yes No		Yes No			
EVENT CONTACTO					
EVENT CONTACTS					
Contact Name	(Contact Title			
Contact Company					
Contact Mailing Address					
Contact City		Contact State	Contact Zip		
Contact Office Phone #	Contact Office Fax #	Contact Mobile Phone #			
Contact E-mail					

AGENDA AND SPEAKING EVENT PREPARATION

Please provide or attach a detailed timeline of the program. Include how long and at what time each participant is expected to speak.					
What is the purpose of the event?					
Who is the audience?					
What do you feel your attendees would like Commissioner Miller to talk about?					
What issues are most important to this group?					
What are your group's ties to Texas agriculture?					
How do you feel the Texas Department of Agriculture can help your organization?					
How is the speaker's area arranged? (e.g. on a raised stage, in an arena)					
Will the event be filmed? Will there be a podium and/or microphone?					
Yes No Podium Microphone					
How will the audience be seated?					