

EVENT BRIEF

Please fill out all of the information that pertains to your event or training.

You may add information, but please do not delete; rather, indicate N/A.

Please submit this form to Renee Bressler via email at rebressler@pa.gov.

* Please attach or provide an agenda as soon as available *

Today's Date:

Prepared by:

Reviewers:

→ Name of Event:

Date/Time:

Requested Arrival Time: _____

Estimated Departure Time: _____

Location:

Room Name/Number:

Host/Organization Name:

Description of Event/Background:

→ Attendance:

Approximate Attendance:

General Description of Audience:

Dignitaries or Elected Officials Attending:

→ Speaking/Other Role(s) Requested:

Time & Length of remarks:

Podium Available? (yes/no)

Open to Media? (yes/no)

Laptop and Projector Available? (yes/no)

Who will introduce the Victim Advocate?

Will the Victim Advocate introduce anyone?

Other Speakers:

Suggested Speaking Points:

→ Parking/Meeting Room Information:

Where is the Victim Advocate to park?

Will Victim Advocate need a parking pass?

Where does Victim Advocate enter the building and how to proceed from there (what floor/elevators, etc.)?

Where/with whom will the Victim Advocate be seated?

→ Point(s) of Contact:

Victim Advocate will be greeted by:

On-Site Name and Cell phone #: