

# Office of Superintendent Sherri Ybarra Event Participation Questionnaire

Please fill out the following information completely. **To e-mail the completed form back to Portia Flynn you must first SAVE the file to your computer.** (Select **File** from the toolbar above, then select **Save As**. Browse to the location in which you wish to save the document, name the file, then select **Save**.) Next, attach the file to a new e-mail message using your preferred e-mail application.

## PERSON/GROUP REQUESTING

Organization Name:	<input type="text"/>	Today's Date:	<input type="text"/>
Contact Name:	<input type="text"/>		
Address	<input type="text"/>	Home #:	<input type="text"/>
		Office #:	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
ID	<input type="text"/>	Zip Code	<input type="text"/>
		Fax #:	<input type="text"/>
E-mail address:	<input type="text"/>		

## PRE-EVENT PLANNING

### Event Specifics:

Name:	<input type="text"/>	Date of Event:	<input type="text"/>
Times (Please select a.m. or p.m.):			
event begins at:	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
should arrive at:	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Superintendent Ybarra will be met by (name):	<input type="text"/>		
at (location):	<input type="text"/>		
at (time):	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
to speak at:	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
event ends at:	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM

### Speech Specifics:

Other noteworthy speakers:	<input type="text"/>					
Do you require a bio?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fax #: <input type="text"/>			
Will there be a pre-speech introduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fax #: <input type="text"/>			
Who will introduce Superintendent Ybarra?	<input type="text"/>					
Speech length (minutes):	<input type="checkbox"/> 2-5	<input type="checkbox"/> 5-7	<input type="checkbox"/> 7-10	<input type="checkbox"/> 10-15	<input type="checkbox"/> 15-20	Other: <input type="text"/>

(Please fill out second page)

Desired speech topic(s):

## TRAVEL

If out of town, overnight travel, will reservations need to be made?  Yes  No

If so, where?

Location of meeting (Name of building, office, restaurant, etc.):

Street:

City/State:

Phone Number:

Directions on how to get to location:

## AUDIENCE

Please describe the audience:

Expected attendance (number of people)

Media in attendance?  Yes  No

If so, whom?

## MISCELLANEOUS

Other pertinent information:

***Please return as soon as possible.***

*Mail to:*

Portia Flynn  
Assistant to Superintendent Ybarra  
Superintendent of Public Instruction  
650 West State Street  
Boise, ID 83702

*Additional contact information:*

[pflynn@sde.idaho.gov](mailto:pflynn@sde.idaho.gov)  
Phone: (208)332-6815  
Fax: (208)334-2228

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*(or follow the instruction from the first page to save and e-mail to Portia Flynn at [pflynn@sde.idaho.gov](mailto:pflynn@sde.idaho.gov))*