



Fire & Carbon Monoxide Alert Device Program
DE OFFICE FOR DEAF & HARD OF HEARING
DELAWARE STATE FIRE MARSHAL'S OFFICE
Public Relations / Presentation Request Form



Today's Date: _____

Organization: _____

Event Coordinator: _____

Coordinator _____ Email: _____

Phone: Event _____

Title: _____ Rain Date: _____

Event Date: _____ Arrival / Set Up: _____ Start: _____ Finish: _____

Event Times: _____

Event Location: ☐ Indoors ☐ Outdoors Sun Shelter / Shade: ☐ Yes ☐ No

Will table be provided? ☐ Yes ☐ No Will two chairs be provided? ☐ Yes ☐ No

Crowd Size Expected: _____

Event Description: _____

Will any deaf guests be present, requiring an ASL Interpreter? ☐ Yes ☐ No

Please select one of the following:

- ☐ ***Table Top Display / Booth*** ☐ ***Presentation - Fire & CO Alert Device Program***

For presentations, I will be bringing a laptop and HDMI cord.

Please let me know what audio/visual equipment will be available for use. If none, please specify.

Return Form To:

Rebekah LePore

Delaware State Fire Marshal's Office, 1537 Chestnut Grove Road, Dover, DE 19904

OFFICE 302-257-3075 TEXT 302-383-9908 FAX 302-739-3696

rebekah.lepore@delaware.gov

OFFICE USE : ☐ Approved ☐ Denied Signed: _____ Date: _____

☐ Confirmation Call/Email to Event Coordinator ☐ Event Posted on PR Calendar ☐ Staff Assigned & Notified