

Georgia Poet Laureate Appearance Request Form

Please provide all of the information requested below no later than four weeks prior to the scheduled event. Requests are honored based on the nature of the event and availability of the poet laureate. Events scheduled through Georgia Council for the Arts must be free and open to the public. All requests will be considered but are not guaranteed.

Date:

Name of Contact Person:	Title:	
Name of Organization:		
Address:		
City:	State:	Zip:
Telephone:		
Organization Office Phone Number	Contac	t Cell Phone Number*
E-Mail Address:		
*Please note: A cell phone number is important in the event that the poet laureate must make an emergency cancellation or change. Contact information is not shared or used beyond the requirements of scheduling an appearance.		
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Name of Event:		
Date & Time of Event*:		
Location/Address of Event Venue:		
The Role of the Poet Laureate at the Event (Please select all that apply):		
☐ Featured Speaker/Keynote ☐ Brief Re	emarks/Greetings	Recognized Guest
☐ Other Role (please describe):		
Anticipated Number of Attendees:		
Anticipated Time Commitment of Poet Laureate:		
Event Details:		
*If the event solely involves the poet laureate, please provide up to two alternate dates:		
FOR GCA OFFICE USE ONLY		
Date Request Received:		
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Receipt Confirmation Via:	e	
Poet Laureate Notified:		
Notes/Comments:		