



Employee Benefits Division Event Request Form

Please give at least 30 days notice of event. EBD will try to work with you if a request is made within 30 days.

Contact Name: _____

Email: _____

Agency/District: _____

Contact Phone Number: _____

Event: _____ Date: _____

Time: _____ No. of Attendees: _____

Address: _____

Are you requesting the Director? Yes No

Approximately Event Length: _____ In-person Virtual

If virtual, what platform? _____

Topics: _____

Handouts or other materials requested: _____

Other requests: _____

Please complete and email to Ask.EBD@arkansas.gov or submit a task to EBD_Communications. EBD will reach out to confirm details of the request and we do not guarantee EBD will be available for the event.