



California Governor's Office of Emergency Services  
Meeting Request Form

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Date of Request: \_\_\_\_\_

**Foreign Delegation**

Country: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Organization Type: Federal State Local Other \_\_\_\_\_

**Meeting Details**

Meeting Type: Virtual In-Person Location, if in person: \_\_\_\_\_

Proposed Date(s): \_\_\_\_\_ Proposed Time: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

\_\_\_\_\_

**Proposed Topics:** Provide a description of topics for the discussion (be specific).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Questions:** Provide a list of questions your organization would like addressed (be specific).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Foreign Delegation Point of Contact**

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**List of Delegates:** Name and title. Please list in ranking order.\*

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

\*Please provide short biographies of delegates.