



MASSACHUSETTS
**Department of
Early Education and Care**

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Please fill out the form and submit to office.commissioners@mass.gov

Name:

Email Address:

Phone Number:

Professional Title:

Program/Organization:

Organization Website:

Event Name:

Event Date & Time:

Is the date and time of this request flexible?

Yes

No

If yes, please include options:

Option Date and Time (1)

Option Date and Time (2)

Is this event in-person or virtual?

In-person

Virtual

Hybrid/Either

Location (city/town):

Type of engagement: (check all that apply):

- Welcome/Introductions/Brief
- Remarks
- Keynote Address

- Panel Discussion (topic)
- Program Visit
- Other

Length of time Commissioner would speak/present:

50 Milk Street, 14th Floor, Boston, MA 02109

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mass.gov/EEC

Event Description:

Event Agenda:

Registration Link:

Event Target Audience:

Expected Number of Attendees:

Will this event be open to press/the media?:

Yes

Will elected officials be invited? If yes, please list:

Yes

List of elected officials invited:

What perspective would EEC add to your event? Are there particular topics you are interested in hearing about from EEC?