



MASSACHUSETTS  
**Department of  
Early Education and Care**

Maura Healey  
GOVERNOR

Kim Driscoll  
LIEUTENANT GOVERNOR

Patrick Tutwiler  
SECRETARY

Amy Kershaw  
COMMISSIONER

Please fill out the form and submit to [office.commissioners@mass.gov](mailto: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](http://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?