



# Display / Presentation Request Form



Today's Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Event Coordinator Name: \_\_\_\_\_

Coordinator Phone Number: \_\_\_\_\_

Coordinator Email Address: \_\_\_\_\_

Event Title & Location: \_\_\_\_\_

Event Date & Time: \_\_\_\_\_

Number of People Expected: \_\_\_\_\_

Description of Event: \_\_\_\_\_

**Please select from the following:**

Table Top Display

Trailer Display

Presentation

Arson Detection Canine Presentation

Where will our materials be displayed / presented?    Indoors                       Outdoors

Will a table and chairs be provided for our staff?    Yes                       No

Please submit completed form to:  
Office of the State Fire Marshal  
1537 Chestnut Grove Road, Dover, DE 19904  
Fax: (302) 739-3696

OFFICE USE ONLY: Approved [  ] Not-approved [  ] Signed: \_\_\_\_\_ Date: \_\_\_\_\_