



TEXAS ALCOHOLIC BEVERAGE COMMISSION

Texans Helping Businesses & Protecting Communities

P.O. Box 13127
Austin, Texas 78711-3127
(512) 206-3333
www.tabc.texas.gov

TABC ENGAGEMENT REQUEST FORM

Please complete this form and click the “submit” button to request TABC at your event.

ORGANIZATION INFORMATION

Organization Name: _____
Tier Affiliation (manufacturer, distributor, retailer): _____
Requestor Name: _____
Requestor Phone Number: _____
Requestor Email: _____

EVENT INFORMATION

Event Type (conference, tradeshow, board meeting, etc.): _____
Event Name: _____
Event Date: _____
Event Time: _____
Event Location: _____
Event Contact: _____
Parking Information: _____
Social Media Handles: _____
Event Social Media Hashtags: _____

IF REQUESTING THAT TABC PROVIDE A SPEAKER

In-Person Speaker or Virtual: _____
TABC Representative Desired (commissioner, executive director, subject matter experts, etc.): _____
Format (speech, panel, discussion, Q&A, etc.): _____
Start Time: _____
Desired Length (10 minutes, 20, 30, etc.): _____
Desired Topic(s): _____
Presentation Aides (stage, podium, microphone, PowerPoint presentation capability, etc.): _____
Expected Audience Size: _____
Audience Description: _____

IF REQUESTING THAT TABC HOST A BOOTH

Booth Space Being Provided to TABC at No Cost: YES NO
Anticipated Number of Attendees: _____

Booth Operation Date(s)/Time(s): _____

Booth Set-Up Date(s)/Time(s): _____

Booth Breakdown Date(s)/Time(s): _____

Booth Size: _____

Included with Booth (table, chairs, electrical outlet access, internet connectivity, etc.): _____

ANY OTHER IMPORTANT INFORMATION: _____

If you are unable to submit this form by clicking the button above, save this document and email it as an attachment to stakeholder@tabc.texas.gov.