



AIR FORCE DISTRICT OF WASHINGTON (AFDW) SPEAKER REQUEST FORM

1. TITLE OF EVENT:		2. SPONSORING ORGANIZATION:				
3. DATE OF EVENT:	4. TIME OF EVENT:	5. SPEAKER ARRIVAL TIME:	6. TIME OF PRESENTATION:	7. LENGTH OF PRESENTATION:		
8. ADDRESS OF EVENT (Street, City, State, ZIP Code):						
9. NAME OR TYPE OF SPEAKER REQUESTED AND WHY: <i>(EX. Position, Age, Gender, etc.)</i>						
10. REQUESTED TOPIC:			11. DEADLINE TO CONFIRM SPEAKER:			
12. ARE THE SPEAKER'S BIO AND PHOTO NEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		13. HAS AN AFDW REPRESENTATIVE PREVIOUSLY SPOKEN AT THIS EVENT: <input type="checkbox"/> YES <i>(Who & When)</i> _____ <input type="checkbox"/> NO				
14. AUDIENCE COMPOSITION: <input type="checkbox"/> POLITICIANS <input type="checkbox"/> VETERAN'S ORGANIZATION <input type="checkbox"/> RETIRED MILITARY <input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> JROTC <input type="checkbox"/> EDUCATORS <input type="checkbox"/> STUDENTS <input type="checkbox"/> INDUSTRY PROFESSIONALS (SPECIFY) _____ <input type="checkbox"/> CIVIC ORGANIZATION (SPECIFY) _____ <input type="checkbox"/> OTHER _____						
15. EXPECTED ATTENDANCE:	16. DRESS CODE FOR THE EVENT:		17. WILL A RESERVED PARKING SPACE BE PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
18. HAS MEDIA BEEN INVITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	19. WILL PRESENTATION BE RECORDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	20. IS EVENT OPEN TO THE PUBLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO				
21. IS EVENT BEING USED TO RAISE FUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	22. CHARGE FOR THE EVENT <input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	23. WILL THERE BE PROMINENT GUESTS IN THE AUDIENCE?				
24. AUDIO-VISUAL EQUIPMENT AVAILABLE: <input type="checkbox"/> LAPEL MICROPHONE <input type="checkbox"/> PODIUM <input type="checkbox"/> PROJECTOR <input type="checkbox"/> COMPUTER W/ POWERPOINT SOFTWARE <input type="checkbox"/> DVD PLAYER <input type="checkbox"/> WIFI						
25. BACKGROUND INFORMATION ABOUT EVENT / ADDITIONAL DETAILS:						
26. EVENT AGENDA / TIMELINE:						
NAME OF EVENT POINT OF CONTACT: _____						
AFFILIATION WITH GROUP: _____ PHONE NUMBER: _____ CELL PHONE: _____						
EMAIL: _____ MAILING ADDRESS: _____						
TODAY'S DATE: _____						

**THE COMPLETED FORM MUST BE SUBMITTED TO THE AIR FORCE DISTRICT OF WASHINGTON (AFDW)
PUBLIC AFFAIRS OFFICE AT LEAST 45 DAYS PRIOR TO THE EVENT DATE TO:
AFDW.PA.PUBLIC.AFFAIRS@US.AF.MIL**