



# Redstone Arsenal Speakers Request Form

<b>1. SPONSORING ORGANIZATION:</b>		<b>2. TITLE OF EVENT:</b>	
<b>3. DATE REQUEST SUBMITTED:</b>	<b>4. DATE OF EVENT:</b>	<b>5. TIME OF EVENT:</b>	<b>6. EXPECTED ATTENDANCE:</b>
<b>7. AUDIENCE COMPOSITION:</b> <input type="checkbox"/> POLITICIANS <input type="checkbox"/> LEADERSHIP 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 _____			
<b>8. ADDRESS OF EVENT (Street, City, State, ZIP Code):</b>			
<b>9. ORGANIZATIONAL OVERVIEW/WEBSITE:</b>			<b>10. HOW DID YOU HEAR ABOUT THE SPEAKERS BUREAU?</b>
<b>11. TYPE OF SPEAKER REQUESTED (MILITARY, CIVILIAN, SPECIFIC AGE, ETHNICITY, GENDER, OR AREA OF EXPERTISE):</b>			
<b>12. REQUESTED TOPIC:</b>	<b>13. SPEAKER ARRIVAL TIME:</b>	<b>14. TIME OF PRESENTATION:</b>	<b>15. DURATION OF PRESENTATION:</b>
<b>16. DEADLINE TO CONFIRM SPEAKERS NAME/ATTENDANCE:</b>		<b>17. ARE THE SPEAKER'S BIOGRAPHICAL SKETCH AND PHOTOGRAPH NEEDED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>18. IF NECESSARY, WILL THE ORGANIZATION PAY FOR TRAVEL? IN ACCORDANCE WITH JOINT TRAVEL REGULATIONS &amp; DEFENSE FINANCE &amp; ACCOUNTING SERVICE REG 37-1</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<b>19. AUDIO-VISUAL EQUIPMENT AVAILABLE:</b> <input type="checkbox"/> LAVALIER/LAPEL MICROPHONE <input type="checkbox"/> PA SYSTEM <input type="checkbox"/> PROJECTOR <input type="checkbox"/> COMPUTER WI PRESENTATION SOFTWARE <input type="checkbox"/> DVD PLAYER <input type="checkbox"/> VCR <input type="checkbox"/> LCD			
<b>20. WILL THE PRESENTATION BE TAPED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>21. PREFERRED UNIFORM FOR SPEAKER:</b> <input type="checkbox"/> ACUs <input type="checkbox"/> DRESS UNIFORM <input type="checkbox"/> BUSINESS CASUAL <input type="checkbox"/> BUSINESS FORMAL	
<b>22. HAS THE MEDIA BEEN INVITED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>23. BEING USED TO RAISE FUNDS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>24. A CHARGE FOR THE EVENT?</b> <input type="checkbox"/> YES _____ <input type="checkbox"/> NO	<b>25. OPEN TO THE PUBLIC?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>26. ADDITIONAL DETAILS:</b>			
<b>NAME OF EVENT POINT OF CONTACT:</b> _____		<b>AFFILIATION WITH GROUP:</b> _____	
<b>PHONE NUMBER:</b> _____	<b>CELL PHONE:</b> _____	<b>FAX:</b> _____	
<b>EMAIL:</b> _____		<b>MAILING ADDRESS:</b> _____	

COMPLETED FORM MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE EVENT DATE  
TO THE REDSTONE ARSENAL PUBLIC AFFAIRS OFFICE  
ATTN: IMSE-RED-PA  
PHONE: (256) 876-4161 FAX: (256) 955-0133