



Redstone Arsenal Speakers Request Form

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

COMPLETED FORM MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE EVENT DATE
TO THE REDSTONE ARSENAL PUBLIC AFFAIRS OFFICE
usarmy.redstone.imcom.list.garriso-pao@army.mil
PHONE: (256) 876-4161 FAX: (256) 955-0133