



## ADJUTANT GENERAL EVENT REQUEST AND COORDINATION FORM

Name of Event:				
Purpose of Event:				
WHEN				
Date, Start & End Time: Clic	<b>Start Time</b>	<b>End Time</b>	Time Zone	
Adjutant General's expected	arrival time:			
Timeline or Agenda (enclose	e if needed):			
WHERE				
Location; Address, Building,	, and Room:			
Location of "Green Room" i	f applicable:			
Parking information:				
<u>WHO</u>				
Sponsor Organization:	_			
Type of Organization:	-			
Organizer:	<u>Name</u>	<u>Phone</u>	email address	
Point of Contact during event: Name		<u>Phone</u>	email address	
Form completed by & date:	<u>Name</u>	<u>Phone</u>	email address	
	Click here to enter a c	<mark>late.</mark>		
<u>HOW</u>				
Attire:				
Speaking role? Choose an item	m., <u>Start Time</u>			
Duration of remarks:				
Topic(s) of remarks:				
Is a podium available? Choose an item.		Additional in	<u>fo</u>	
Audio & Visual consideratio	ons:			
Number in attendance and co	omposition of audience	e:		

Send form to:

ng.in.inarng.list.pao-comrel@mail.mil Phone: (317) 247-3300 X 79957

Other Distinguished	Guests:		
If seated, others at th	e table:		
Will a meal be served	d? If so what is the co	st? Choose an iter	<mark>n.</mark>
Will media attend?	Choose an item.,	If so, Who?	
If the Adjutant Gener	ral is unavailable is an	alternate acceptable?	Choose an item., <u>Prefered Alternate?</u>
Special instructions:			
<b>ENCLOSURES:</b>			
(As needed to comm	unicate additional info	ormation/details/require	ements, i.e. strip maps, invite, bios, etc)