

REQUEST FOR AN INDIANA GUARD SPEAKER		Date Submitted:
SECTION I: REQUESTOR INFORMATION		
REQUESTOR'S NAME: TITLE: FIRST NAME, MI LAST NAME		
CONTACT PERSON FOR EVENT: TITLE: FIRST NAME, MI LAST NAME		
ORGANIZATION OR AFFILIATION:		
SECTION II: EVENT POC		
A.1. SPEAKER REQUEST DATE:		
A.2. EVENT LOCATION AND ADDRESS:	A.3. EVENT TITLE AND BRIEF DESCRIPTION OF EVENT:	
A.4. POC CONTACT NUMBERS:	A.5. ADDITIONAL CONTACT NUMBERS:	
SECTION III: SPEAKER AND EVENT DETAILS		
1. PLEASE EXPLAIN THE TYPE AND LENGTH OF PRESENTATION NEEDED:		
2. PLEASE DESCRIBE THE TYPE OF SPEAKER(S) YOU ARE REQUESTING (INCLUDE SUBJECT KNOWLEDGE, LEVEL OF EDUCATION, CURRENT MILITARY STAUTS OR RANK, AND AREAS OF EXPERTISE DESIRED):		
3. WILL YOU BE PUBLISHING A POST-EVENT REPORT TO INCLUDE NEWS CLIPPINGS, VIDEO, OR BROCHURES SHOWING MILITARY PARTICIPATION? YES _____ NO _____		
4. HOW WAS YOUR ORGANIZATION REFERRED TO THE INDIANA NATIONAL GUARD:		
5. IS YOUR EVENT MILITARILY RELATED? YES _____ NO _____ IF YES PLEASE EXPLAIN:		
6. NUMBER OF EXPECTED GUESTS:		
7. ARE VISUAL AIDES AVAILABLE/ REQUIRED (IE: POWER POINTS, ETC.)?		

INDIANA NATIONAL GUARD
JOINT FORCES HEADQUARTERS
PUBLIC AFFAIRS OFFICE
2002 South Holt Road
Indianapolis, IN 46241

8. VIP's, SPECIAL GUESTS OR NEWS MEDIA INVITED? IF SO, PLEASE EXPLAIN:

9. TIME SPEAKER SHOULD ARRIVE:

10. ACTUAL SPEAKING TIME (INCLUDE BEGIN AND END TIMES):

11. REFRESHMENTS SERVED: YES____ NO____

12. IS EVENT OPEN AND FREE TO THE PUBLIC? YES____ NO____

12A. WAS THE EVENT ADVERTISED? YES____ NO____

SECTION IV: SIGNATURES

REQUESTOR:

PRINTED NAME

SIGNATURE

PRIMARY POINT OF CONTACT:

PRINTED NAME

SIGNATURE

REMARKS:

INDIANA NATIONAL GUARD
JOINT FORCES HEADQUARTERS
PUBLIC AFFAIRS OFFICE
2002 South Holt Road
Indianapolis, IN 46241