

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 <u> </u> NO <u> </u>		
4. HOW WAS YOUR ORGANIZATION REFERRED TO THE INDIANA NATIONAL GUARD:		
5. IS YOUR EVENT MILITARILY RELATED? YES <u> </u> NO <u> </u> IF YES PLEASE EXPLAIN:		
6. NUMBER OF EXPECTED GUESTS:		
7. ARE VISUAL AIDS AVAILABLE/ REQUIRED (IE: POWER POINTS, ETC.)?		

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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:

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