**Maxwell Air Force Base Speaker Request Form**

Please take a moment to fill out the following form. The in-depth information you provide will enable us to identify a fitting speaker, prepare the speaker for the event and ultimately ensure we meet the expectations of you and your organization.

Please allow at least one month to process your request, but no more than three. Please contact communityrelations@us.af.mil with any questions.

(\* indicates a required field)

**Contact Information**

Primary Contact Name\*

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Primary Contact Phone Number\*

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Primary Contact E-mail\*

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Alternate Contact Name\*

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Alternate Contact E-mail\*

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**Event Information**

Event Name\*

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Regional Location\*

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When will this event begin?\* (YYYY-MM-DD)

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When will this event end?\* (YYYY-MM-DD)

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Physical Address of the event?\*

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Please provide the exact location of the event

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Phone number of the event location\*

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On what day and at what specific time do you need the speaker to start his or her speech?\*

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Is this request on behalf of a host organization?\* Yes No

Organization's name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are requesting a speaker on behalf of a host organization please provide the name of the organization:

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Is the sponsoring organization a civic organization?\* Yes No

Does the event have the official backing of the local government? \* Yes No

Does the sponsoring organization exclude any person from its membership? \* Yes No

*This includes practicing any form of discrimination in its functions based on race, creed, color, gender or national origin.*

**Privacy Act Statement:**

**Authority:** 5 USC 301; 5 USC 552 Principal

**Purpose:** To obtain necessary information so that a response can be provided to your Speaker request.

**The confidentiality of communications sent via the Internet can not be guaranteed and the electronic submission**

**of your Speaker request is purely voluntary.**

**Speaker & Attendance Information**

What type of speaker are you requesting?\*

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Attire\*

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Expected Audience Size\*

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Audience Make-up\* (circle all that apply)

Students

Faculty

Citizens

Organization Members

Speech Topic\*

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Audio/Visual Support\* Yes No

Sequence of Events\*

Describe the sequence of events from the speaker's arrival and continuing through until the speaker's departure.

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Will the media be invited?\* Yes No

How will the media be invited?

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Are there media/photography requirements for the speaker?

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VIPs\*

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Is the speaker permitted to bring his or her spouse?\* Yes No

Additional Information\*

Please provide any additional information you think we should know.

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Terms & Conditions: By submitting this form on behalf of yourself or your sponsoring organization you certify

that the information provided above is complete and accurate to the best of your knowledge. You understand that

representatives from USCENTCOM will contact you to discuss arrangements and costs involved prior to final

commitments, or to inform you of an inability to support this event. You also understand that operational commitments

must take priority and can preclude a scheduled appearance at an approved public activity.