

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 maxwellcommunityrelations@us.af.mil with any questions.

(* indicates a required field)

Contact Information

Primary Contact Name* _____

Primary Contact Phone Number* _____

Primary Contact E-mail* _____

Alternate Contact Name* _____

Alternate Contact Phone Number* _____

Alternate Contact E-mail* _____

Event Information

Event Name* _____

Regional Location* _____

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

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

Physical Address of the event?* _____

Please provide the exact location of the event _____

Phone number of the event location* _____

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

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: _____

Is the sponsoring organization a civic organization?* Yes No

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.

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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

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Speaker & Attendance Information

What type of speaker are you requesting?* _____

Attire* _____

Expected Audience Size* _____

Audience Make-up* (circle all that apply)

Students

Faculty

Citizens

Organization Members

Speech Topic* _____

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.

Will the media be invited?* Yes No

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How will the media be invited? _____

Are there media/photography requirements for the speaker? _____

VIPs*

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

Additional Information*

Please provide any additional information you think we should know.

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.

Please return the completed form to maxwellcommunityrelations@us.af.mil

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