

Arkansas National Guard Speaker Request Form



Sponsoring Organization(s): _____

Does the sponsoring organization exclude any person from its membership or practice any form of discrimination in its function based on race, creed, color, gender or national origin? Yes No

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

Organization Website(s): _____

Requestor

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Date:
me:	
Last Name:	
Title:	
Organization:	
Address:	
City:	
State:	Zip:
Email:	
Primary Phone #:	
Cell Phone:	

Alternate Contact

Name:
Title:
Organization:
Phone:
Email:

Speaker's Greeter (If different than Requestor)

Name:
Title:
Organization:
Phone:
Email:

Event Details

Event:	Date:	Time:
Address:		
City:	State:	Zip:
Purpose/Theme:		
Anticipated Attendance:	Majority Age of Audience:	
Audience: <input type="checkbox"/> Members <input type="checkbox"/> Public <input type="checkbox"/> Community Leaders <input type="checkbox"/> Faculty <input type="checkbox"/> Students <input type="checkbox"/> Youth		
Will audience be standing or sitting?	Event held: <input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Type of Event: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other:		
Is this event being used to raise funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain purpose:		
Is there a charge for participants to attend this event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the per person cost?		
Have other National Guard units/assets been asked to support this		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:		
Will the media be invited to attend this event?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list those attending:		

Speaker will be a: <input type="checkbox"/> Keynote Speaker or <input type="checkbox"/> Part of a Panel - Number on Panel
Service: <input type="checkbox"/> No Preference <input type="checkbox"/> Currently Serving <input type="checkbox"/> Army National Guard
Status: <input type="checkbox"/> No Preference <input type="checkbox"/> Air National Guard <input type="checkbox"/> National Guard Alumni
Rank: <input type="checkbox"/> No Preference <input type="checkbox"/> General Officer <input type="checkbox"/> Officer <input type="checkbox"/> Non Commissioned Officer
Other considerations or special requests:

Speaker Preferences

Please submit this form at least 90 days in advance of the event. We will acknowledge when your request is received.

We will do our best to honor your speaker requests, but please realize that unforeseen mission requirements may require last minute substitutions

Proposed Topic:	
Time speech is to be delivered:	Speaker to arrive no later than:
Length of speech not to exceed:	Is Audio Visual available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other considerations or special requests:	

Speech Recommendations

Community Outreach Notes:

Speaker Assigned:

Date: