

COLUMBUS AIR FORCE BASE EVENTS/SPEAKERS REQUEST FORM

Today's Date: _____

Organization's Name: _____

Point of Contact Name: _____

Phone: _____ Alt Number: _____ Email Address: _____

Occasion: _____
(Type of Event)

Requested Speaker: _____
(1st Choice)

Alternate Speaker: _____
(2nd Choice)

Time Allotted to Speak: _____
(Length of time for speech)

WHO: _____
(Tell us about your organization and what it does. Please attach information, biographies, etc.)

WHAT: _____
(Theme/Topic: What is the subject for the event?)

WHEN: _____
(Date and Time of Event)

Approximately how long will the event last, start to finish: _____
(1 hour, 2 hours, etc.)

WHERE: _____
(Location Address)

SUGGESTED SPEAKING POINTS: _____
(Is there something in particular you would like the speaker to focus on?)

TYPE OF AUDIENCE: _____
(Demographics: Age Group, Gender)

NUMBER EXPECTED TO ATTEND: _____

WILL MEDIA COVER THE EVENT: _____
(Newspaper/TV)

DRESS CODE: _____
(Casual, Business Casual, Formal, Semi Formal)

EXPENSE: _____
(Is there a cost for the speaker to pay?)

Return the request via email to 14ftw.pa@us.af.mil. If you have questions or concerns, please call (662) 434-7068.

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APPROVED / DISAPPROVED: _____ IN PERSON OR LIVE STREAM: _____ DATE POC CONTACTED: _____