

PAO 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) _____

DATE/TIME _____

REQUESTER

☐ MR. ☐ MRS. ☐ MS. DATE _____

FIRST NAME _____ 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 ☐ MEMBERS ☐ PUBLIC ☐ COMMUNITY LEADERS ☐ FACULTY ☐ STUDENTS ☐ YOUTH

WILL AUDIENCE BE STANDING OR SITTING? _____ EVENT HELD ☐ INSIDE ☐ OUTSIDE

TYPE OF EVENT ☐ BREAKFAST ☐ LUNCH ☐ DINNER OTHER _____

IS THIS EVENT BEING USED TO RAISE FUNDS? ☐ YES ☐ NO

IF YES, EXPLAIN PURPOSE _____

IS THERE A CHARGE FOR PARTICIPANTS TO ATTEND THIS EVENT? ☐ YES ☐ NO COST? _____

HAVE OTHER NATIONAL GUARD UNITS/ASSETS BEEN ASKED TO SUPPORT THIS EVENT? ☐ YES ☐ NO

IF YES, PLEASE LIST _____

WILL THE MEDIA BE INVITED TO ATTEND THIS EVENT? ☐ YES ☐ NO

IF YES, LIST THOSE ATTENDING _____



SPEAKER WILL BE A ☐ KEYNOTE SPEAKER ☐ PART OF A PANEL - NUMBER ON PANEL _____

SERVICE ☐ NO PREFERENCE ☐ CURRENTLY SERVING ☐ ARMY NATIONAL GUARD

STATUS ☐ NO PREFERENCE ☐ AIR NATIONAL GUARD ☐ NATIONAL GUARD ALUMNI

RANK ☐ NO PREFERENCE ☐ GENERAL OFFICER ☐ OFFICER ☐ NON COMMISSIONED OFFICER

OTHER CONSIDERATION 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** ☐ YES ☐ NO

OTHER CONSIDERATIONS OR SPECIAL REQUESTS

SPEECH RECOMMENDATIONS

COMMUNITY OUTREACH NOTES

SPEAKER ASSIGNED

DATE

