

## USSTRATCOM SPEAKER REQUEST FORM



**INSTRUCTIONS:** Please fill out the form below and be very specific with the details. If the event date is flexible, it will allow for easier scheduling. Complete & return to USSTRATCOM Public Affairs, email: [stratcom.offutt.j020.list.pa@mail.mil](mailto:stratcom.offutt.j020.list.pa@mail.mil). Call (402) 912-0020 with questions. Please understand that a submitted form does not guarantee a speaker. After reviewing submissions we will call or email when an answer has been determined. **ALL REQUESTS MUST BE MADE WITH MINIMUM 30 DAYS NOTICE OR 90 DAYS IF REQUEST INVOLVES THE USSTRATCOM COMMANDER.**

Organization's Name & Name of Event

Purpose of Event:

Has a military organization supported this event in the past?	YES NO	If yes, specify:
Is there a charge to attend this event?	YES NO	If yes, specify:
Is this event to raise funds?	YES NO	If yes, specify the organization and how funds are to be used:

Event Date: (M/D/Y)

Event Start Time:

Event End Time:

Name/Rank of speaker requested:

Style: (Keynote, Panel, Presentation)

Speech Length Requested:

Is there a Q & A session?	YES NO	If yes, how long?	Will the speech/Q&A be on the record or do Chatham House Rules apply?
Will audio-visual equipment be available?	YES NO	If yes, what type?	

Audience Composition:

Expected Audience Size:

Honored Officials & Guests in attendance? Please supply biographies separately.	YES NO	Are there other speakers? If so, please list them.
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If the Speaker cannot attend in person, is virtual an option?	YES NO	If yes, by what means? (Zoom, MS Teams, VTC, etc.)	Can a recorded message be submitted?	YES NO
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Exact Location of event: Address, Building Name/#, Room # etc.

Speaker will be met by:

Speaker will be introduced by:

Is there reserved parking for the speaker?	YES	Is the space clearly marked for the speaker?	YES	Will a parking permit be required?	YES
	NO		NO		NO

How will they get the permit?

Will there be a green room available for the speaker to prep?	YES
	NO

Seating Arrangements:	Reserved?	YES	Location of seating: (on-stage, head table, etc.)
		NO	

Seating/Table/Panel companions:  
(Please list all names)

Will a meal be provided?	YES	If there is a cost, please specify:	Menu:
	NO		

Will this event be recorded? If yes, how will it be used?	YES
	NO

Will media be present/invited? (If so, supply invitation list/RSVPs)	YES
	NO

Will you use social media to promote the event before and/or after? (If so, specify the platforms and handle.)	YES
	NO

Uniform:	Speaker bio needed?	YES
		NO

EVENT POC: Name:	Work Phone:	CellPhone:
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Requesting Organization:	Email Address:
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### CERTIFICATION

By checking this box, I certify/affirm that I am acting on behalf of the requesting organization and certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from the military services will contact me to discuss arrangements and costs involved prior to final commitments, or to inform me of their inability to support this event. I also understand that operational commitments must take priority and can preclude a scheduled appearance at an approved public activity.