

45TH SPACE WING PUBLIC AFFAIRS REQUEST FOR SPEAKER

*Please complete and return to 45swpaall@us.af.mil no later than 45 days prior to your speaking event or mail to:
45th Space Wing Public Affairs Office, 1201 Edward H. White II St. Bldg. 423, Room C129, Patrick AFB, FL 32925.
For more information, call (321) 494-5933. ****Speakers are subject to cancellation due to operational requirements*****

Your Organization's Name:		Today's Date:	
Name of Requestor & Mailing Address:		POC Telephone: <input type="checkbox"/> Office _____ <input type="checkbox"/> Cell _____	
POC Email Address:		Website:	
PRESENTATION DETAILS			
Event: Name/Date/Time (Begin & End):		Event Address (Street address, City, State, Zip):	
Purpose of Air Force Participation:			
Will other members of the Armed Forces be present? (If so, please specify)			
Speech Topic--What do you hope your audience will take away from this speaker's remarks?			
Distinguished Attendees:			
Audience Make up: (Retirees, Students, etc.)			
Expected Number of Attendance:			
Will media be present? <input type="checkbox"/> Not anticipated <input type="checkbox"/> Anticipated <input type="checkbox"/> Newspaper <input type="checkbox"/> Interview Requested <input type="checkbox"/> TV <input type="checkbox"/> Radio (If yes, please list)			
Is the event being used to raise funds for any purpose? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please specify)		Dress code: Military <input type="checkbox"/> ABUS (Working uniform) <input type="checkbox"/> Blues (Button down shirt, no jacket) <input type="checkbox"/> Service Dress (Coat and tie) <input type="checkbox"/> Mess Dress (Formal, evening wear) Other: _____	
		Civilian <input type="checkbox"/> Casual (Open collar) <input type="checkbox"/> Business (Suit and tie) <input type="checkbox"/> Formal (evening wear)	
Time allotted for speaker:		Meal provided for speaker: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other (specify) _____	
Does sponsoring organization exclude any persons from its membership or practices any form of discrimination based on race, creed, color, sex or national origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of communication capability provided by requestor: <input type="checkbox"/> TV <input type="checkbox"/> DVD <input type="checkbox"/> Podium <input type="checkbox"/> PowerPoint <input type="checkbox"/> Projector <input type="checkbox"/> Screen <input type="checkbox"/> Microphone <input type="checkbox"/> Other (specify): _____	
Suspense (Due) Date:		Comments from requestor:	

Requestor stops here.		FOR PUBLIC AFFAIRS ACTION	
ACTION:		DATE:	
Confirmation of Speaker			
Confirmation of Requestor			
Summary to Speaker (If necessary)			
Summary to PA rep. (If necessary)			
TIMING			
Rendezvous Time:		Arrival Time:	
Speech Time:		Departure Time:	
TRANSPORTATION			
Escort Officer:		Rendezvous Location:	
Vehicle Owner:		Driver:	
Request transportation from 45 LRS: <input type="checkbox"/> Approve <input type="checkbox"/> Not approved			
Follow-up comments by speaker/organization:			
Remarks/Notes:			

Form current as of February 2016