

. DATE OF EVENT: 2. TIME OF EVENT:		EVENT:	3. ORGANIZATION:						
4. SPEAKER ARRIVAL TIME: 5. TOPIC:								6. LENGTH OF SPEECH	
7. PRIMARY CONTACT:			8. PRIMARY CONTACT PHONE: 9. PRIMA			9. PRIMAR	Y CONTACT	I EMAIL:	
10. ALTERNATE CONTACT:			11. ALTERNATE CON. PHONE: 12. AL			12. ALTERI	ALTERNATE CONTACT EMAIL:		
13. ADDRESS OF EVEN	T (Street, C	ty, Zip Code	<u>l</u> e):						
14. BIO & PHOTO NEEDED? YES NO		15. OFFICER OR ENLIST		TED?	16. DEADLINE TO		FIRM?	17. SERVICE YEARS	
18. AUDIENCE COMPC COMMUNITY LEAD STUDENTS CIVIC ORGANIZATI OTHER (SPECIFY)	DERS INDUSTRY ON (SPECIF	PROFESSIOI	NALS (SPECI	FY)					
		20. DRESS			VED PARKING? NO		22. WILL THERE BE MEDIA? YES NO		
3. WILL EVENT BE RECORDED? YES NO		24. IS EVENT A FUNDR YES NO		AISER?	25. CHARGE FOR YES \$				
26. PROMINENT GUESTS:			27. EVENT AGENDA/TIMELINE:						
28. EVENT BACKGROU *Disclaimer: The 445th A				ke every atte	empt to accor	nmodate: ho	wever, eveni	t speakers may be subject	
	, ,	,,		nange at any		, -	, -	, , , , , , , , , , , , , , , , , , , ,	

Forward completed form to 445aw.pa2@us.af.mil or click the Submit Form button.