

## ACQUISITION & TECHNOLOGY THE WILL TO CHANGE

## SPEAKING ENGAGEMENT FORM

| Your name:*                    |                       | Phone number: *                                   | E                 | Email address: * |          |
|--------------------------------|-----------------------|---|-------------------|------------------|----------|
|                                |                       |   |                   |                  |          |
| Requesting orga                | nization/office:*     |   |                   |                  |          |
| Date of speaking engagement: * |                       | Is there an alternate date/option?*               |                   |                  |          |
| Purpose of event: *            |                       | Location of speaking engagement: *                |                   |                  |          |
| Topic or theme: *              |                       | Attire: *  Formal Business Business Casual Casual |                   |                  |          |
| Media provision                | requirements: *       |   |                   |                  |          |
| Podium                         |                       | Projector   | Monitor           |                  |          |
| Speakers                       |                       | Laptop  | Microphone        |                  |          |
| The attending au               | ıdience:*             |   |                   |                  |          |
| Staff                          |                       | External  | Business Business |                  |          |
| Education                      |                       | Industry  | y Federal         |                  |          |
| The type of spea               | king engagement is: * |   |                   |                  |          |
| A Speech                       | Closing Remarks       | A Keynote   | A Brief           | fing Awards      | Ceremony |
| Talking points:*               |                       |   |                   |                  |          |
| 0.                             |                       |   |                   |                  |          |
|                                |                       |   |                   |                  |          |
|                                |                       |   |                   |                  |          |
|                                |                       |   |                   |                  |          |
|                                |                       |   |                   |                  |          |

Upon completion, please print this form for your records. The printed copy can be faxed, hand-delivered or scanned and e-mailed to Vernon Pollard at vernon.pollard.ctr@osd.mil and Col. Richard Hoeferkamp at Richard. Hoeferkamp@osd.mil.



**PRINT** 

