

Please attach a **<u>DETAILED</u>** agenda for the event

JOINT FORCE HEADQUARTERS-COLORADO

COLORADO NATIONAL GUARD 6848 SOUTH REVERE PARKWAY, CENTENNIAL, COLORADO 80112-6709

Colorado National Guard Speaker Request Questionnaire

Title of Event:		Event Da	te:
Event site:		Room #:	
Address:	City:	State:	ZIP code:
Time event begins:	Time ev	ent ends:	
Time speech scheduled to begin:	Desired	Desired length of speech:	
Brief description / history of organization	on:		
Brief description / history of event:			
Theme for the event:			
If known, specify a speaker, or a representation	entative of a specif	fic unit or missi	on (Optional):
Topic the organization would the like th	ne speaker to addr	ess:	
Desired attire? Select one or specify, Oth Mess Dress Service Dress General O	fficer Jacket Bus		•
Will there be a microphone? Yes No		•	or: Yes No
The event will be: Indoors Open Air Places provide the name and title of the			a an andraw
Please provide the name and title of the Name: Organization:		m miroduce the	е ѕреакег:
Has the Colorado National Guard provi if so, who/when? Yes No Who	ided a speaker at t o/When:	his event or to	your organization in the past,

Expected number of audience members: Audience demographics (who are they, where do they live - i.e., in the Denve across the country?):	r area, across Colorado
Who should the speaker thank/recognize?	
Expected VIPs, elected officials, senior military leaders, etc.:	
Has the media be invited? Yes No If not, is media welcome? Yes	No
POINT OF CONTACT FOR THE DAY OF THE EVENT	
Name: Organization: Cell Phone: Title: E-mail:	
OTHER COMMENTS (or continuation from fields above)	

RETURN THIS DOCUMENT TO THE FOLLOWING:

Please send this form and a completed DD 2536 to ng.co.coarng.list.militarysupport@army.mil, or call: 720-250-1058. For more information and to get a DD Form 2536, go to: https://co.ng.mil/Contact-Us/Request-Military-Support-Community-Relations/.