

## 134th Air Refueling Wing Request For Speaker

Please complete and return to [travers.hurst@us.af.mil](mailto:travers.hurst@us.af.mil) no later than 30 days prior to your speaking event or mail to:  
 134th ARW Public Affairs Office, 134 Briscoe Drive McGhee Tyson Air National Guard Base, TN 37777  
 For more information, call (865)336-3205. **\*\*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):
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Purpose of Air National Guard 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?  Not anticipated  Anticipated  Newspaper  Interview Requested  TV  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: <b>Military</b> <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: _____  <b>Civilian</b> <input type="checkbox"/> Casual (Open collar) <input type="checkbox"/> Business (Suit and tie) <input type="checkbox"/> Formal (evening wear)
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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) _____
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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): _____
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Suspense (Due) Date:	Comments from requestor:
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<b>Requestor stops here.</b>		<b>FOR PUBLIC AFFAIRS ACTION</b>	
<b>ACTION:</b>		<b>DATE:</b>	
Confirmation of Speaker			
Confirmation of Requestor			
Summary to Speaker (If necessary)			
Summary to PA rep. (If necessary)			
<b>TIMING</b>			
Rendezvous Time:		Arrival Time:	
Speech Time:		Departure Time:	
<b>TRANSPORTATION</b>			
Escort Officer:		Rendezvous Location:	
Vehicle Owner:		Driver:	
Follow-up comments by speaker/organization:			
Remarks/Notes:			

Form current as of August 2021