

ARMY RESILIENCE DIRECTORATE

2023 SPEAKER REQUEST FORM

Please complete as much information as you have about your event and speaker requirements, and email it to the Army Resilience Directorate Communications, Outreach & Leadership Engagement Branch @ <u>usarmy.pentagon.hqda-dcs-g-1.list.dape-ars-sp@army.mil</u>.

Continuing Education Unit (CEU)

| Will the sponsori | ng organization be see | Yes No | | |
|------------------------------|------------------------|--------|--|--|
| Contact Information | | | | |
| Sponsoring Organization: | | | | |
| Contact Name: | | | | |
| Contact Title: | | | | |
| Contact Phone: | | Email: | | |
| Contact Address: | | | | |
| Sponsor's Website: | | | | |
| Event Website: | | | | |
| Please Describe Your Program | | | | |
| | | | | |
| | | | | |

| Date of Program: | | Time of Program: | |
|---------------------|----|------------------|--|
| Location of Program | n: | | |
| Name of Program: | | | |

What is the Theme/Purpose of the Program?

Requested Speaker (If you are interested in a particular speaker):

Proposed Topic(s):

Start time of Speaker's Presentation:

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Length of Presentation:

| Presentation Format (i.e., | panel, speech roundtable, |
|----------------------------|---------------------------|
| etc.) | |

Audience Composition

Please provide the names of the host/senior ranking person in attendance

| Approximate Size of Audience Expected | | | | |
|--|-------|------|------------------------------|------------|
| Is this program directed solely to Soldiers? | Yes 🗌 | No 🗌 | Will this event be recorded? | Yes 🗆 No 🗆 |
| If yes, what rank level is this program d | | | | |

Written Materials/Biography

In order to better inform the development of the presentation, please provide your program accomplishments and obstacles experienced during the past 12 months:

| Due Date for Written Materials & Biography: | | | | |
|--|--|--|--|--|
| Email address to send written materials and biography: | | | | |
| | | | | |
| Audio/Visual Equipment | | | | |
| If audio/visual is used, is the sponsor capable of making arrangements? Yes No | | | | |
| Due Date(s) for Submissions (slides, bios handouts etc.): | | | | |
| Contact Person (with phone and email) for audio/visual arrangements | | | | |

Please provide any needed information on directions, how early the speaker should arrive before the presentation, where to report upon arrival, etc.

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