



# USACE Galveston District Speaker Request Form

## EVENT INFORMATION

**Origin of Invitation:** [Name of organization or group submitting request]  
\_\_\_\_\_

**Event Title:** [List official title of event]: \_\_\_\_\_

**Event Purpose:** [Describe the nature of the event in a few sentences]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Type:** [Small group, dinner, conference, etc.]  
\_\_\_\_\_

**Event Location:** [If event is virtual, list dial-in info; provide WebEx Links, etc.]  
**Location/venue name:** \_\_\_\_\_  
**Venue street address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_  
**Venue phone number:** \_\_\_\_\_

**Event Date:** [Date & Time of event]  
**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **A.M. or P.M.** \_\_\_\_\_

**Event Audience:** [Give approximate number of audience/invitees; describe the event's background; provide information on whether membership and/or payment is required to attend]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Sponsor(s):** [List the name(s) of the organizations or company sponsoring or co-sponsoring the event]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Website:** [If applicable, list the e website where more info is provided]:  
\_\_\_\_\_

**Honorable Guests Attending:** [List names and titles of members of Congress, CEOs, or VIPs participating in or attending the event]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Dress Code:** [Is the event casual; business casual; formal?]  
\_\_\_\_\_

**Event Agenda:** *[Please attached a text version of the event agenda and highlight the event(s) where the speaker is requested to participate]*

**Is media invited to event?** **YES / NO**  
**[NOTE: If YES, SWG will request a final list of media RSVPs prior to the start of the event.]**

**Deadline for Acceptance:** [Date by which SWG must confirm speaker attendance/acceptance]  
\_\_\_\_\_

**EVENT POC:** [Name, title, email, office phone and cell phone of event POC/individual to call for more information or to RSVP]

**NAME & TITLE:** \_\_\_\_\_  
**CELL#:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**SPEAKER INFORMATION**

**Speaker Requested:** [Name & title of District Speaker requested]  
\_\_\_\_\_

**Surrogate Requested:** [If requested speaker isn't available, will you accept another speaker? **Yes / No**  
If YES, list name(s) of requested surrogate:  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL REQUIREMENTS**

**Offer of Payment/ Reimbursement** [Is the sponsor offering or requesting to pay for travel, dining, registration fee, lodging of the speaker?]  
**YES\* / NO**

**Disclaimer/Release Form:** [Will event sponsor ask the speaker to sign a disclaimer /release form to film speaker or use likeness in promotional materials]  
**YES\* / NO**

\*If "YES," SWG will require additional time for Office of Legal Counsel to review/approve prior to accepting speaking engagement.

**RETURN COMPLETED FORM TO:** [swgpao@usace.army.mil](mailto:swgpao@usace.army.mil)