



ADJUTANT GENERAL EVENT REQUEST AND COORDINATION FORM

Name of Event: _____

Purpose of Event: _____

WHEN

Date, Start & End Time: [Click here to enter a date.](#) Start Time End Time Time Zone

Adjutant General's expected arrival time: _____

Timeline or Agenda (enclose if needed): _____

WHERE

Location; Address, Building, and Room: _____

Location of "Green Room" if applicable: _____

Parking information: _____

WHO

Sponsor Organization: _____

Type of Organization: _____

Organizer: Name Phone email address

Point of Contact during event: Name Phone email address

Form completed by & date: Name Phone email address

[Click here to enter a date.](#)

HOW

Attire: _____

Speaking role? Choose an item., Start Time

Duration of remarks: _____

Topic(s) of remarks: _____

Is a podium available? Choose an item. Additional info

Audio & Visual considerations: _____

Number in attendance and composition of audience: _____

Other Distinguished Guests: _____

If seated, others at the table: _____

Will a meal be served? If so what is the cost? Choose an item. _____

Will media attend? Choose an item., If so, Who?

If the Adjutant General is unavailable is an alternate acceptable? Choose an item., Preferred Alternate?

Special instructions: _____

ENCLOSURES:

(As needed to communicate additional information/details/requirements, i.e. strip maps, invite, bios, etc)
