



When complete, email this form to: community.relations@socom.mil

SPEAKER REQUEST FORM

Sponsoring organization(s): _____
Point of contact (Name, telephone number, email address) _____

Are you requesting a specific speaker? If so, who? _____

I. Meeting/Event:

Date: _____ Start Time: _____ End Time: _____
Place (city): _____ Venue: _____

II. Speech:

Subject desired _____ Time to be allowed _____
Will there be a question & answer period after speech? _____

III. Details of the program:

Other speakers (please list in order of appearance)

Speaker Subject & Length of speech

IV. Audience:

Estimated size: _____
Composition of audience: (businessmen, teachers, general public, etc.) _____

V. Media/Social Media:

Will the meeting be open to the media? _____
Will the speech be posted online? _____
Will the speech be taped, filmed or otherwise recorded? _____
Are remarks for attribution? _____

VI. Equipment:

What Audio/Visual equipment, if any, is available for the speaker to use? _____