SPEAKER REQUEST FORM ILLINOIS NATIONAL GUARD

Please forward all requests to: Public Affairs Office

ATTN: Community Relations

1301 N. MacArthur

Springfield, IL 62702-2399

Email: ng.il.ilarng.list.staff-pao@mail.mil

Office: (217) 761-3569 Fax: (217) 761-2988

NOTE: REQUESTS MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO EVENT TO BE PROCESSED (per Chief of Staff Memo dated June 10, 2014)

Requestor:		
Name	Date of Request	
Organization	Email Address:	
Street:		
City:	State:	Zip Code:
Telephone Number ()	Point of Contact (if other than requestor)	
Specific Person/Unit Requested to Speak ((if any)	
Last Possible Date to Secure Support		
Event Details: Date of Event	Time	to
Location (street address or other specific a	assembly area)	
City	State	Zip Code
Purpose of event		
Subject/duration of speech		
Audience size:		
Uniform Soldier/Airman need to wear (cir Dress Uniform (more fo	cle or highlight one) rmal) OR Fatigues (camouf	lage)
Background Info on your organization:	(explain military tie to your	r eventfeel free to attach more information)
By signing this, you acknowledge that the business/organization, and not political		er, not affiliated with marketing of a
SIGNED	DATE	