6th Air Mobility Wing Public Affairs **Speaker Request Form**

Please email completed forms to communityrelations@us.af.mil

***ALL requests are submitted for approval by 6 AMW Public Affairs. Please coordinate alternate plans pending speaker request approval.

Requester Name	e (POC):	
Organization Na	ame:	
Organization Ty	pe:	
Profit	N <mark>on Profit</mark>	
Audience		
Phone:		
Email:		
Name of event:		
Intent of event		
Date of event		
Time of event:		
Is event public or private		Will Media (TV news, radio, newspaper, etc)be present at
Public		event? YES NO
1 dbilo	Private	
Location Addre		If YES, outlet name:
		If YES, outlet name:
Location Addre	ess of Event:	If YES, outlet name:
Location Addre	ess of Event:	
Location Addre	ess of Event:	
Location Addre	ess of Event:	
Location Addre	ess of Event: requested (i.e. enl	
Type of speaker experience, etc.	ess of Event: requested (i.e. enl	llisted Airman, aircraft mechanic, pilot, commander, deployed

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