GUEST SPEAKER REQUEST

ALL FIELDS in BLUE ARE REQUIRED and ALL INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (see remarks)

Speaker Information

Full SSN (see below)	First Name	Middle Initial	Last Name	Grade / Rank	Position Title

Mailing Address	City	State / Country	Zip Code

Official Email Address	Official Phone # (Commercial or DSN)	Official FAX # (Commercial or DSN)

Course Information

Please list all blocks separately that Guest Speaker will be supporting

Course #	Block #	Date
Course Title	**Time**	**Day**
Course #	**Block #**	**Date**
Course Title	**Time**	**Day**
Course #	**Block #**	**Date**
Course Title	**Time**	**Day**

TDY Information

	Yes	No
DISAM Funded		
VOQ Required		
Airline Reservations Required		
Rental Car Required		

By signing below I verify that I or my Division Supervisor has reviewed the requirements to accomplish the mission and determined that an alternate means of communication such as video and teleconferencing are insufficient to accomplish the objectives of this travel.

Requester Information

Name	Signature	Date

DISAM Host Name

PRIVACY ACT STATEMENT: Authority, Title 5 U.S.C., S 4103 & EO937. The information contained in a completed worksheet is sensitive and is subject to the Privacy Act. SSN is required for honorarium IRS Form 1099 for tax purposes.

Date Received	Date Recorded