

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

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

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	OMB CONTROL NUMBER: 0704-0548 OMB EXPIRATION DATE: XX/XX/XXXX
-----------------	--

PRIVACY ACT STATEMENT: Authority: 10 U.S.C. 134, Under Secretary of Defense for Policy; DoD Directive 5105.65, Defense Security Cooperation Agency (DSCA); DoD Directive 5105.38-M, Security Assistance Management Manual, Chapter 10; DoD Directive 5132.03, DoD Policy and Responsibilities Relating to Security Cooperation; Army Regulation 12-15, SECNAVINST 4950.4B, AFI 16-105, Joint Security Cooperation Education and Training; Public Law 97-195, Foreign Assistance and Arms Export Act of 1961, as amended; E. O. 9397, SSN, as amended. Purpose: The primary use of this information is purposes of efficient administration of U.S. and international students, and the effective management of DISAM personnel and guest lecturers. Routine Use: Contents shall not be disclosed, discussed or shared with individuals unless they have a direct need-to-know in the performance of their official duties. The information is collected in connection with OSD Privacy Act System Notice DSCA-05, Defense Institute of Security Assistance Management Information System Mission (DISM). Disclosure: Providing the personal information is voluntary. However, failure to provide the requested information may result in ineligibility of certain program opportunities and prevent access to US installation.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. SSN is required for honorarium IRS Form 1099 for tax purposes.

Date Received	Date Recorded