

914 Airlift Wing Conference Request Checklist (Requester please complete sections 1 - 13)

1. Requester (Last Name, First Name)	2. Title	3. Telephone No.	4. Date of request
5. Organization	6. E-mail Address		7. Date of conference/event

8. Number of attendees	9. List Building Preferences (if any)
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10. Equipment Required (Check all that apply)

Microphones/Speakers
 Projector/Screen
 Other (Specify) _____

11. Additional Support Required (Check all that apply)

Catering
 Lodging
 Other (Specify) _____

Entry Authorization List (EAL)/Guest List to Base Visitor's Center

Note: We do not offer conference supplies such as paper, flip charts, and wireless internet. You will have to satisfy these requirements. In addition, you will have to furnish a guest/conference attendee list to the Security Forces Base Visitor's Center prior to conducting your conference.

12. Brief Description of Conference/Event

After final review we will contact you with availability of resources. Within 24 hours of the event please be prepared to provide the list your attendees' names to us for security purposes.	13. Signature
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FSS Facilities/Programs:

Lodging: We are able to support this request
 CAC: We are able to support this request
 Fitness: We are able to support this request
 Theater: We are able to support this request

Comments:

14. FSS (X one)	<input type="checkbox"/> We are able to support this request <input type="checkbox"/> We are unable to support this request Please explain below	a. FSS POC (Last Name, First Name)
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b. Comments

c. POC Telephone number	d. POC Signature	e. Date
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15. Public Affairs (X one)	<input type="checkbox"/> We are able to support this request <input type="checkbox"/> We are unable to support this request Please explain below	a. PA POC (Last Name, First Name)
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b. Comments

c. POC Telephone number	d. POC Signature	e. Date
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16. I (Approve/Disapprove) this request	a. SFS Commander/Delegate Signature	b. Date
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17. I (Approve/Disapprove) this request	a. Group Commander/Delegate Signature	b. Date
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18. I (Approve/Disapprove) this request	a. 914 Airlift Wing Commander/Delegate Signature	b. Date
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