Please complete as much information as possible about your event, speaker and/or outreach requirements, and e-mail to 00W@va.gov (202) 461-6193.

# Contact and Organization Information

|  |  |
| --- | --- |
| **Sponsoring Organization:** |  |
| **Contact Name:** |  |
| **Contact Position:** |  |
| **Contact Phone/Fax Number:** |  |
| **Contact E-mail:** |  |
| **Contact Address:** |  |
| **Organization’s Mission:** |  |
| **Type of Organization [Federal, State, Local, 501 (c)(3)/(c) 4, etc.]:** |  |
| **Relationship with VA, if any:** |  |
| **Website URL:** |  |

# Please describe your program

|  |  |
| --- | --- |
| **Requested Speaker:** |  |
| **Name of Event:** |  |
| **Date of Event:** |  |
| **Time of Event:** |  |
| **Address of Event:** |  |
| **Theme/Purpose of the Event:** |  |
| **Proposed Presentation:** |  |
| **Proposed Topic(s):** |  |
| **Time of Speaker's Presentation:** |  |
| **Length of Presentation / Q&A:** |  |
| **Presentation Format (panel, speech, roundtable, etc.):** |  |
| **If panel, other panelists:** |  |
| **Venue (stage, podium, chairs/etc.):** |  |
| **Amplification (microphone, wireless mic, etc.):** |  |
| **Share on events calendar? If yes, URL:** |  |
| **Media Plan (open to media, media invited, etc.):** |  |
| **Will this event be videotaped/ livestreamed? If yes, please provide URL if known:** |  |

# Audience Composition

|  |  |
| --- | --- |
| **Approximate Size of Audience:** |  |
| **Composition of audience (Veterans, providers, employees, etc.)** |  |
| **Invited VIP’s name & title:** |  |

# Materials

|  |  |
| --- | --- |
| **Request bio? If yes, length:** |  |
| **Request a photo?** | Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_ |
| **E-mail address for submission:** |  |
| **Power Point Presentation desired:** | **Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_** |
| **Due date for PPT:** |  |
| **Email address for submission:** |  |
| **If you need outreach materials, please provide POC, shipping address, and phone number** |  |

# Travel

|  |  |
| --- | --- |
| **Is your organization sponsoring travel? (Travel expenses include: transportation, lodging, meals and incidental expenses, luggage, taxi)** | **Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ (if yes, please complete 1-4 below)** |
| 1. **Will official be reimbursed, or will your office make arrangements directly?** |  |
| 1. **What receipts or proof of expenses are needed?** |  |
| 1. **Approximately, how long will the refund take for processing?** |  |
| 1. **Who is the travel point of contact?** |  |
| **Closest Airport to Venue:** |  |
| **Suggested Hotels near Venue:** |  |
| **Approx. Distance Airport-Hotel:** |  |
| **Approx. Distance Hotel-Venue:** |  |
| **Recommended form of local transit (shuttle, taxi, rental car):** |  |

# Outreach

|  |  |
| --- | --- |
| **Will there be Vending:** | **Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ (if yes, please complete 1-4 below)** |
| **Vendor Fee:** |  |
| 1. **Location of Event:** |  |
| 1. **How many people attending:** |  |
| 1. **If you just need materials shipped, provide Name, Organization and location where materials will be shipped if different from conference location** |  |
| 1. **If you just need materials shipped, provide Name, Organization and location where materials will be shipped if different from conference location** |  |

# Communications

|  |  |
| --- | --- |
| **Will there be a Comms Package or content for Social Media:** | **Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ (if yes, email to** [**missina.schallus@va.gov**](mailto:missina.schallus@va.gov)**)** |
| **Link or location for the event:** |  |
| **Your organizations Facebook and/or Twitter handle:** |  |
| **Follow us on Facebook &Twitter @VAWomenVets** | |

**Contact Us:**

**U. S. Department of Veterans Affairs**

**Center for Women Veterans (00W)**

**810 Vermont Avenue, NW**

**Washington, DC 20420**

**Phone: 202-461-6193**

**Fax: 202-273-7092**

**http://www.va.gov/womenvet**

[**00W@va.gov**](mailto:00W@va.gov)

**Follow us on Facebook @VAWomenVets**

**#BringWomenVeteransHome2VA**