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**Office of Small and Disadvantaged Business Utilization**

**EVENT REQUEST FORM**

 **\* INDICATES A FIELD THAT MUST BE COMPLETED BEFORE A DECISION REGARDING VA PARTICIPATION CAN BE MADE.**

**VOSB=Veteran-Owned Small Business SDVOSB=Service-Disabled Veteran-Owned Small Business WOSB= Women-Owned Small Business**

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| **General Event Information** |
| **\* Event Title:** Click here to enter text. |
| **\* Event Date:** Click here to enter a date.  |
| **\* Start Time:** Click here to enter text. |
| **\* End Time:** Click here to enter text. |
| **\* Location & Address:** Click here to enter text. |
| **\* City:** Enter event city. |
| **\* State:** Enter event city. |
| **\* Zip Code:** Click here to enter text. |
| **\* Type of Event:** Choose an item. |
| **\* Event Frequency:** Choose an item. |
| **\* Event Website:** |
| **\* Purpose/Objective of Event:** Click here to enter text. |
| **Confirmation Requested By:** Click here to enter a date. |
| **Event Sponsor and POC Information**  |
| **\*Sponsor:** Click here to enter text. |
| **\* Point of Contact:** Click here to enter text. |
| **\* Email:** Click here to enter text. |
| **\* Phone:** Click here to enter text. |
| **Additional POCs:** Click here to enter text. |
| **Audience Information** |
| **\*Estimated number of attendees:** Click here to enter text. |
| **Characteristics of the Audience (VOSBs, WOSBs, Small Businesses, etc. Check all that apply)?**[ ]  **SDVOSBs** [ ]  **VOSBs** [ ]  **HUBZone** [ ]  **WOSBs** [ ]  **Small Disadvantaged Businesses, including 8(a)** [ ]  **Other Small Businesses** [ ]  **Other (Enter Information Below)** Click here to enter text. |
| **What is your industry focus?** Click here to enter text. |
| **What good and services do they provide?** Click here to enter text. |
| **\* Estimated number of VOSB attendees:** Click here to enter text. |
| **Estimated number of WOSB attendees:** Click here to enter text. |
| **Estimated number of HUBZone attendees:** Click here to enter text. |
| **Estimated number of Small Businesses:** Click here to enter text. |
| **\* Will sponsor provide attendance roster after event?** Choose an item. |
| **\* Will sponsor provide list breaking down attending VA-Verified VOSB after event?** Click here to enter text. |
| **Event Participation** |
| **Congressional Participation (Name, House, Senate, District) or Affiliation:** Click here to enter text. |
| **\* Please identify all VA offices invited to participate in this event:** Click here to enter text. |
| **Proposed OSDBU Participation** |
| **\* Type of Support Needed (Check all that apply):** [ ]  **Speaker** [ ]  **Panel Member** [ ]  **Matchmaking** [ ]  **Exhibitor** [ ]  **Counselor** [ ]  **Pre-Application Workshop** [ ]  **On-Site Verification Assistance Pilot**[ ]  **Other** Click here to enter text. |
| ***Fill in this section if you are requesting a speaker.*** |
| **Speaker Requested (if known):** Click here to enter text. |
| **Topic:** Click here to enter text. |
| **Speaking Time (h:mm-h:mm):** Click here to enter text. |
| **Speaking Duration:** Click here to enter text. |
| **Slide Deck Necessary: Yes** [ ]  **No**[ ]  |
| **Recommended Slide Number:** Click here to enter text. |
| **Speaker Bio Needed?** Choose an item. |
| **Speaker Photo Needed?** Choose an item. |
| ***Fill in this section if you are requesting a panelist.*** |
| **Panelist Requested (if known):** Click here to enter text. |
| **Panel Time:** Click here to enter text. |
| **Panel Moderator:** Click here to enter text. |
| **Number of Panelists:** Click here to enter text. |
| **Panel Topic(s):**  |
| **Length of VA Panelist Remarks:** Click here to enter text. |
| **Recommended Slide Number:** Click here to enter text. |
| **Will there be questions provided in advance? If so, how soon can we see them?**Choose an item. |
| **How many questions will moderator ask each panelist?** Click or tap here to enter text. |
| **Will questions be taken from the audience?**Click or tap here to enter text. |
| **Panelist Bio Needed?** Choose an item. |
| **Panelist Photo Needed?** Choose an item. |
| **Describe panel format.** Click or tap here to enter text. |
| * **Note: If requesting a panelist, we would like to have the panel questions and run of show at least 4 weeks in advance of the event.**
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| ***Fill in this section if you are requesting an exhibit.*** |
| **Exhibit Type:** Click here to enter text. |
| **Requested Exhibit Focus:** Click here to enter text. |
| **Charge to Exhibit:** Click here to enter text. |
| **Any exhibit parameters?** Click here to enter text. |
| **Event Logistics:** |
| **\* Indicate Available Equipment (Check all that apply.):**[ ]  **Handheld Microphone** [ ]  **Laptop/Computer**[ ]  **Lapel Microphone** [ ]  **Projector** [ ]  **Podium**[ ]  **Remote to move slides**[ ]  **Someone will be available to advance slides**[ ]  **Speaker/Panelist will be expected to flip his/her own slides. Other:** Click here to enter text. |
| **Indicate Floor Layout (Check one.):**[ ]  **Auditorium**[ ]  **Conference roomOther** Click here to enter text. |
| **Registration Information:**  |
| **Registration Cost:** Click here to enter text. |
| **Cost for Booth:** Click here to enter text. |
| **Cost for Booth:** Click here to enter text. |
| **\* Is registration necessary?** Choose an item. |
| **Additional Information:**  |
| **If you have any additional information that you would like for OSDBU to be aware of, please enter it here.** Click here to enter text.**Please attach the Event Agenda and Schedule to this document. If an Agenda is not available, please provide an overview of the event?**Click here to enter text. |