

USCYBERCOM SPEAKER INVITATION REQUEST FORM

Please complete this form in its entirety – we cannot process your invitation until we receive a completed version. If there are fields that don't apply, please type **N/A – DO NOT LEAVE IT BLANK**. Leaving any part of the form blank will result in non-submission. Please **attach a current agenda** (draft agendas are acceptable) for your event. Send the completed form and any other supporting documents to **USCC_CAG_LST@nsa.gov** **within 45 days** of your event (as the review process can take up to 4-6 weeks). Otherwise we cannot guarantee your invitation will be processed in time for a final decision. **NOTE:** Submission of this Speaker Invitation Request Form **does not** authorize the requestor to use the name, title, photograph, or biography of the requested speaker as well as U.S. Cyber Command in any form of marketing materials. Official notification of acceptance or decline will be provided to the requestor upon completion of our legal and public affairs vetting process.

REQUESTED SPEAKER (PLEASE SPECIFY IF YOU WOULD LIKE SOMEONE FROM USCYBERCOM)

IF REQUESTING GEN NAKASONE, PLEASE CHECK THE BOX YOU WOULD LIKE HIM TO COME AS. (SELECT ONE OPTION)
COMMANDER, USCYBERCOM DUAL HAT N/A

IF THE REQUESTED SPEAKER IS UNAVAILABLE, IS A DEFERRAL BE ACCEPTABLE?

IF YES, DO YOU HAVE PREFERENCE?

(NOTE: IF THIS SECTION IS LEFT BLANK, WE WILL ASSUME THE ENGAGEMENT IS NOT DEFERRABLE)

HAVE YOU INVITED OTHER USCYBERCOM SPEAKERS? YES NO

IF YES, PLEASE PROVIDE THE NAMES BELOW:

ARE SPOUSES OR GUESTS INVITED? YES NO

EVENT ATTIRE:

(IF REQUESTING GEN NAKASONE, PLEASE SPECIFY IF HE SHOULD WEAR HIS UNIFORM OF THE DAY OR OTHER ATTIRE MORE APPROPRIATE FOR YOUR EVENT):

EVENT NAME:

DESCRIBE THIS EVENT'S PURPOSE:

THIS EVENT IS HOSTED BY:

EVENT DATE:

RSVP DATE: (NOTE: PLEASE BE ADVISED WE CANNOT GUARANTEE A FINAL DECISION BY THE DATE SELECTED, HOWEVER WE WILL WORK TO ENSURE YOU RECEIVE A TIMELY RESPONSE.)

LOCATION OF EVENT (PLEASE PROVIDE NAME OF THE VENUE AND FULL ADDRESS):

EVENT START TIME:

EVENT END TIME:

WHAT IS THE SPEAKER'S TIME SLOT CHECK THIS BOX IF THE TIME SLOT INCLUDES Q&A

SPONSOR NAME:

SPONSOR TYPE:

CHOOSE ONE: U.S. GOVERNMENT FOREIGN GOVERNMENT NON-GOVERNMENT ACADEMIA

ARE YOU A NON-PROFIT ORGANIZATION?

YES NO

IS THIS EVENT A FUNDRAISER?

YES NO

IF YES, WHAT ORGANIZATION ARE THESE FUNDS BEING RAISED FOR?

TYPE OF ENGAGEMENT:

CLASS/SEMINAR CONFERENCE PODCAST TRADESHOW WORKSHOP OTHER

IF OTHER, PLEASE SPECIFY HERE:

ENGAGEMENT FORMAT:

FIRESIDE CHAT INTERVIEW KEYNOTE PANEL PRESENTATION ROUNDTABLE OTHER

IF OTHER, PLEASE SPECIFY HERE:

REQUESTED TOPIC YOU WOULD LIKE DISCUSSED (PLEASE BE SPECIFIC):

WILL THERE BE A Q&A SESSION? YES NO

IF YES, WHO WILL BE THE MODERATOR?

NUMBER OF ATTENDEES ANTICIPATED:

DESCRIBE THE GENERAL AUDIENCE:

NOTABLE INDIVIDUALS WHO ARE CONFIRMED TO ATTEND:

NOTABLE SPEAKERS WHO ARE CONFIRMED TO PARTICIPATE:

HAS USCYBERCOM PARTICIPATED IN THE PAST?

IF YES, PLEASE PROVIDE THE DATES (MONTH AND YEAR) AND WHO PARTICIPATED FROM NSA.

WILL THERE MEDIA/PRESS IN ATTENDANCE? YES NO

**** IF PRESS WILL BE PRESENT, PLEASE INCLUDE THE PRESS LIST (NAME AND ORGANIZATION) ALONG WITH THE FORM. (A DRAFT LIST IS ACCEPTABLE, BUT YOU MUST PROVIDE THE UPDATED LIST WITHIN 15 DAYS OF THE EVENT).*

WILL REMARKS BE: ON-THE-RECORD OFF-THE-RECORD

WILL EVENT BE RECORDED? YES NO

IF RECORDED, HOW WILL THE RECORDING BE USED?

WILL THE EVENT BE LIVE-STREAMED? YES NO

IF LIVE-STREAMED, WHAT IS THE INTENDED PURPOSE FOR IT?

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COST TO ATTENDEES OTHER THAN SPEAKER (PLEASE PROVIDE THE HIGHEST VALUE/COST OF TICKET, VALUE/COST OF FOOD, AND VALUE/COST OF BEVERAGES FOR LEGAL ANALYSIS, NOT SUFFICIENT FOR "NO COST TO GOVERNMENT")
PLEASE DO NOT LEAVE THIS SECTION BLANK AS IT IS NEEDED BY OUR LEGAL TEAM TO PROVIDE A PROPER ASSESSMENT.
IF THE AMOUNT IS \$0 PLEASE ENTER THAT IN THE FIELDS BELOW:

VALUE/COST OF TICKET/REGISTRATION	\$
VALUE/COST OF FOOD/BEVERAGES	\$

SPECIFIC EXPENSES COVERED BY ORGANIZER: (MEMENTO, TRAVEL EXPENSES, MEAL, INVITATION TO ANY RECEPTION, ETC.)

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POC FOR EVENT:

NAME	
JOB TITLE	
AFFILIATION/ORGANIZATION	
PHONE NUMBER	
EMAIL ADDRESS	
EVENT WEB SITE	