

PRESENTATION REQUEST

Please complete this form and submit it to First Command Educational Foundation. It can be faxed to **817-569-2970** or scanned and emailed to **edufoundation@fcef.com**. Your presentation is not confirmed until you receive notice from FCEF. **At least 30 days' notice is preferred for proper planning.** For additional information call **817-569-2809**.

REQUESTOR INFORMATION:

Name:		Organization:	
Office#:		Mobile#:	
Email:			
Proposed date and ti	me of event:		
Name or description	of presentation:		
Organization/Unit be	ing presented to:		
Presentation location	:		
Point of contact infor	mation:		
Name:		Organization:	
Office#:		Mobile#:	
Email:			
Target audience (esti	mated size and demogra	phic information):	
AV equipment that can be made available (check all that apply):			
□Laptop/computer	☐ Projector & Screen	☐Microphone/Audio System	☐Slide Changer
☐White Board	☐Writing Pad/Easel	□Other	

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