

a. b.

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b.

C.

d.

other):

5.

1. General Event Information

Event sponsor(s):

Event location:

Phone Number:

Email address:

4. OSC Presentation Details:

c. Event dates:

Name:

Address:

Title and description of event:

2. Sponsor Contact Person for Proposed OSC Presentation:

U.S. OFFICE OF SPECIAL COUNSEL

1730 M Street, N.W., Suite 218 Washington, D.C. 20036-4505 certification@osc.gov

SPEAKER REQUEST FORM

(Non-Federal Requester)

3. Type and Topic of Presentation (e.g., Prohibited Personnel Practices, Hatch Act,

Questions about completing this form may be directed to certification@osc.gov.

a. b. c.	Date: Time: Location:					
Will payment of speaker's travel-related expenses be offered? (Payment of such						
expenses is not required for consideration of this request.) Yes				No		
If <u>yes</u> , please complete the following:						
	Nature of Expense (<u>e.g.</u> , plane ticket, hotel room, meals, rental car, waiver of conference fee, other)	Payment Source (if not event sponsor)	Payment to OSC by check (C) or in-kind (K)	Payment amount		

	IC	41			
6.	If any payment in item 5 table will be from a source other than event sponsor, are you aware of any case(s) involving the <i>payment source</i> pending at OSC?				
	Yes No				
	If <u>yes</u> , please indicate the status of the case(s), to your kn	owledg	ge:		
7.	Has event sponsor had any case involvement with OSC w	ithin tl	ne last five years?		
	Yes No				
8.	Are you aware of any case(s) pending at OSC involving evo	ent spo	onsor?		
	Yes No				
	If <u>yes</u> , please indicate the status of the case(s), to your kn	owledg	ge:		
9.	How many people will be in attendance at the event?				
10	How many people do you expect to be in attendance at th	e OSC	presentation?		
10.	now many people do you expect to be in attendance at the	.c 000	presentation.		
11.	Will the OSC presentation be videotaped? Yes Yes Yes Yes	3	No		
12.	What type of merit system training has this audience rece and use additional paper if necessary:	eived?	Please be specific		
13.	Is the audience primarily:				
	Managers,				
	First-line supervisors,				
	Personnelists/attorneys				
	Nonsupervisory employees				
	Please indicate the representative occupations.				
14.	Can you have the following available for the presentation:				
	Computer compatible w/ Microsoft Power-Point and projector?	Yes	No		
	Microphone?	Yes	No		
	Podium or table	Yes	No		

15.	Please briefly describe the layout of the room for the presentation:
16.	Please indicate the name and address of person to whom the presenter can send handouts before the presentation:
17.	If the OSC training is part of a larger training conference, please provide an agenda for the conference. If agenda is currently unavailable, please provide one as soon as possible.