SPEAKER REQUEST FORM
(Non-Federal Requester)

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

1. General Event Information
   a. Title and description of event:
   b. Event sponsor(s):
   c. Event dates:
   d. Event location:

2. Sponsor Contact Person for Proposed OSC Presentation:
   a. Name:
   b. Address:
   c. Phone Number:
   d. Email address:

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

4. OSC Presentation Details:
   a. Date:
   b. Time:
   c. Location:

5. 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 yes, please complete the following:

<table>
<thead>
<tr>
<th>Nature of Expense</th>
<th>Payment Source (if not event sponsor)</th>
<th>Payment to OSC by check (C) or in-kind (K)</th>
<th>Payment amount</th>
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</thead>
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<td>(e.g., plane ticket, hotel room, meals, rental car, waiver of conference fee, other)</td>
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</table>
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 payment source pending at OSC?
   
   Yes       No

   If yes, please indicate the status of the case(s), to your knowledge:

7. Has event sponsor had any case involvement with OSC within the last five years?

   Yes       No

8. Are you aware of any case(s) pending at OSC involving event sponsor?

   Yes       No

   If yes, please indicate the status of the case(s), to your knowledge:

9. How many people will be in attendance at the event?

10. How many people do you expect to be in attendance at the OSC presentation?

11. Will the OSC presentation be videotaped?

   Yes       No

   If yes, to whom will the videotape be broadcast?

12. What type of merit system training has this audience received? Please be specific and use additional paper if necessary:

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.