

Vermont State/FEMA Speaker Bureau Request Form

Disaster DR 4022	Request Date	Prepared by (Name & Number)						County	Log #						
Requesting Group/Organization/Agency							1.Contact Name and Affiliation:								
Meeting Date:			Time:			2.Contact Name and Affiliation:									
1. Contact # (W)				(H)			(F)								
2. Contact # (W)				(H)			(F)								
Meeting Address:															
Directions from the JFO:															
√ Speakers Request Under Program Abbreviation							Initial Of Availability By Program Area Manager								
IA	Initial	SBA	Initial	MIT	Initial	PIO	Initial	CR	Initial	PS	Initial	PA	Initial	Other	Initial
√ Check level of request															
Executive Level (A):				Program Specific (B):				Overview (C):							
Target Audience/Meeting Purpose:							Critical Issues:								
For Office Use Only															
SCO Comments: original signed							FCO Comments: original signed								
Received Date:			Time:			Rational for denial:									
Approval By:			Denied by:												
Date:			Date:												
After Action Review of Meeting:															