

TO 10 CS/SCXSCM		<b>PRESENTATIONS/PUBLIC ADDRESS/VTC SUPPORT REQUEST</b>								
1. REQUESTER <i>(Last Name, First Name)</i>				2. GRADE		3. TELEPHONE NO.		4. EVENT DIAGRAM ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO		
5. ORGANIZATION		6. OFFICE SYMBOL		7. ONSITE POC <i>(Include Name and Phone)</i>		8. NAME/RANK OF RETIREE <i>(If Applicable)</i>				
9. EVENT CLASSIFICATION <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED				10. VIP PARTICIPATING <i>(General Officer or Civilian Equivalent)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO						
11. SUPPORT REQUIRED  <input type="checkbox"/> PUBLIC ADDRESS <input type="checkbox"/> PRESENTATIONS  <input type="checkbox"/> VTC <input type="checkbox"/> OTHER _____				12. DRESS REQUIREMENT FOR TECHNICIAN  <input type="checkbox"/> BUSINESS CASUAL  <input type="checkbox"/> COAT AND TIE		13. PRACTICE DATE		TIMES		
						EVENT DATE		PRACTICE START		
						FUNCTION START		FUNCTION END		
						14. ANTICIPATED ATTENDANCE/SIZE OF AREA				
15. EQUIPMENT REQUESTED <input type="checkbox"/> SCREEN <input type="checkbox"/> PROJECTOR <input type="checkbox"/> COMPUTER AUDIO <input type="checkbox"/> PODIUM <input type="checkbox"/> AUDIO SYSTEM <input type="checkbox"/> LAPTOP <input type="checkbox"/> OTHER _____				16. MUSIC REQUESTED <input type="checkbox"/> NONE <input type="checkbox"/> HONORS <input type="checkbox"/> NATIONAL ANTHEM <input type="checkbox"/> BUGLE CALLS <input type="checkbox"/> AIR FORCE SONG <input type="checkbox"/> OTHER _____				17. MICROPHONES		
								TYPE		NUMBER
								WIRED		
								WIRELESS		
18. EVENT TITLE		19. LOCATION OF EVENT				20. INCLEMENT WEATHER LOCATION				
20. DESCRIPTION AND SPECIAL INSTRUCTIONS										
23. SELF-HELP EQUIPMENT REQUESTED: <input type="checkbox"/> Portable Public Address System - Wired <input type="checkbox"/> Projector						Equipment Pick-up Date/Time				
<input type="checkbox"/> Portable Public Address System - Wireless <input type="checkbox"/> Other _____						Equipment Return Date/Time				
24. I CERTIFY THE PRODUCTS AND SERVICES RECEIVED FROM THIS REQUEST ARE FOR OFFICIAL GOVERNMENT USE ONLY.										
SIGNATURE OF REQUESTER								DATE (YYYYMMDD)		
25. COR APPROVAL										
SIGNATURE OF COR <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>								DATE (YYYYMMDD)		
<b>10 CS USE ONLY</b>										
DATE/TIME RECEIVED (YYYYMMDD)				LOGGED IN BY				PRIORITY		

**INSTRUCTIONS FOR COMPLETING USAFA FORM 99  
PRESENTATIONS/PUBLIC ADDRESS/VTC SUPPORT REQUEST**

- |                   |  |
|-------------------|--|
| <b>Block 1</b>    | <b>Name of individual filling out form.</b>  |
| <b>Block 2</b>    | <b>Requester's rank e.g. E-4, O-3, Civilian, Contractor.</b>   |
| <b>Block 3</b>    | <b>Requester's work telephone number.</b>  |
| <b>Block 4</b>    | <b>Requester places a check in the appropriate box if an event diagram is supplied.</b>  |
| <b>Block 5</b>    | <b>Requester identifies his/her Organization e.g. Cadet Wing, DF, ABW.</b>   |
| <b>Block 6</b>    | <b>Requester identifies his/her office within his/her organization of employment.</b>  |
| <b>Block 7</b>    | <b>Individual technician should work with at event location on day of event.</b>   |
| <b>Block 8</b>    | <b>Name/rank of retiree if applicable.</b>   |
| <b>Block 9</b>    | <b>Requester places a check in the appropriate box identifying the classification level of the event.</b>  |
| <b>Block 10</b>   | <b>VIPs classified as any General Officer or Civilian Equivalent participating in event.</b>   |
| <b>Block 11</b>   | <b>Requester checks the box next to the type of support required.</b>  |
| <b>Block 12</b>   | <b>Technician will dress in appropriate attire as dictated by the event.</b>   |
| <b>Block 13</b>   | <b>Date and times of event and practice if applicable.</b>   |
| <b>Block 14</b>   | <b>Indicate the amount of people and size of area to ensure ample coverage for all attendees.</b>  |
| <b>Block 15</b>   | <b>Requester places a check in the box beside equipment needed to perform any event activities.</b>  |
| <b>Block 16</b>   | <b>Requester places a check in the box indicating what music is to be played during event.</b>   |
| <b>Block 17</b>   | <b>Requester indicates number of microphones he/she would like to have available for the event.</b>  |
| <b>Block 18</b>   | <b>Requester indicates the event title e.g. ABW Change of Command, Graduation Parade.</b>  |
| <b>Block 19</b>   | <b>Requester indicates the event location e.g. Falcon Club, Stillman Field, Falcon Stadium.</b>  |
| <b>Block 20</b>   | <b>Requester indicates the inclement weather location e.g. Field House, Arnold Hall Ballroom.</b>  |
| <b>Block 21</b>   | <b>Requester identifies any details to enhance understanding of event needs and expectations that will aid technician in completing any/all tasks.</b>   |
| <b>Block 22</b>   | <b>Self-Help Request - indicate equipment required for work.</b>   |
| <b>Block 23</b>   | <b>Requester signs and dates Presentations/Public Address Support Request form.</b>  |
| <b>Block 24</b>   | <b>COR approval is required for unique or self-help requests.</b>  |
| <b>Priority 1</b> | <b>Requirements from the Superintendent, Protocol and general officers, as well as urgent requests, where failure to deliver products or services would seriously or negatively impact a special event or USAFA mission.</b> |
| <b>Priority 2</b> | <b>General category for routine support requirements.</b>  |
| <b>Priority 3</b> | <b>Special requests requiring approval by exception.</b>   |