

TO 10 CS/SCXSCM	PRESENTATIONS/PUBLIC ADDRESS/VTC SUPPORT REQUEST			
1. REQUESTER (Last Name, First Name)		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 (Include Name and Phone)		8. NAME/RANK OF RETIREE (If Applicable)
9. EVENT CLASSIFICATION <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED		10. VIP PARTICIPATING (General Officer or Civilian Equivalent) <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		11. MEAL PROVIDED TO TECHNICIAN <input type="checkbox"/> YES <input type="checkbox"/> NO
12. SUPPORT REQUIRED <input type="checkbox"/> PUBLIC ADDRESS <input type="checkbox"/> PRESENTATIONS <input type="checkbox"/> VTC <input type="checkbox"/> OTHER _____		13. DRESS REQUIREMENT FOR TECHNICIAN <input type="checkbox"/> BUSINESS CASUAL <input type="checkbox"/> COAT AND TIE	14. EVENT DATE PRACTICE DATE	TIMES PRACTICE START FUNCTION START FUNCTION END
16. EQUIPMENT REQUESTED <input type="checkbox"/> SCREEN <input type="checkbox"/> PROJECTOR <input type="checkbox"/> CD/MP3 PLAYER <input type="checkbox"/> PODIUM <input type="checkbox"/> VCR/DVD PLAYER <input type="checkbox"/> LAPTOP <input type="checkbox"/> OTHER _____		17. 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 _____		18. MICROPHONES TYPE NUMBER WIRED WIRELESS LAPEL
19. EVENT TITLE	20. LOCATION OF EVENT		21. INCLEMENT WEATHER LOCATION	
22. DESCRIPTION AND SPECIAL INSTRUCTIONS				
23. SELF-HELP EQUIPMENT REQUESTED: <input type="checkbox"/> Portable Public Address System - Wired <input type="checkbox"/> Projector <input type="checkbox"/> Portable Public Address System - Wireless <input type="checkbox"/> Other _____			Equipment Pick-up Date/Time	
			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 <input style="width: 200px; height: 20px;" type="text"/>				DATE (YYYYMMDD)
10 CS USE ONLY				
DATE/TIME RECEIVED (YYYYMMDD)		LOGGED IN BY		PRIORITY

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

- Block 1** Name of individual filling out form.
- Block 2** Requester's rank e.g. E-4, O-3, Civilian, Contractor.
- Block 3** Requester's work telephone number.
- Block 4** Requester places a check in the appropriate box if an event diagram is supplied.
- Block 5** Requester identifies his/her Organization e.g. Cadet Wing, DF, ABW.
- Block 6** Requester identifies his/her office within his/her organization of employment.
- Block 7** Individual technician should work with at event location on day of event.
- Block 8** Name/rank of retiree if applicable.
- Block 9** Requester places a check in the appropriate box identifying the classification level of the event.
- Block 10** VIPs classified as any General Officer or Civilian Equivalent participating in event.
- Block 11** Meals are normally provided to technicians working events during lunch or dinner.
- Block 12** Requester checks the box next to the type of support required.
- Block 13** Technician will dress in appropriate attire as dictated by the event.
- Block 14** Date and times of event and practice if applicable.
- Block 15** Indicate the amount of people and size of area to ensure ample coverage for all attendees.
- Block 16** Requester places a check in the box beside equipment needed to perform any event activities.
- Block 17** Requester places a check in the box indicating what music is to be played during event.
- Block 18** Requester indicates number of microphones he/she would like to have available for the event.
- Block 19** Requester indicates the event title e.g. ABW Change of Command, Graduation Parade.
- Block 20** Requester indicates the event location e.g. Falcon Club, Stillman Field, Falcon Stadium.
- Block 21** Requester indicates the inclement weather location e.g. Field House, Arnold Hall Ballroom.
- Block 22** Requester identifies any details to enhance understanding of event needs and expectations that will aid technician in completing any/all tasks.
- Block 23** Self-Help Request - indicate equipment required for work.
- Block 24** Requester signs and dates Presentations/Public Address Support Request form.
- Block 25** COR approval is required for unique or self-help requests.
- Priority 1** 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.
- Priority 2** General category for routine support requirements.
- Priority 3** Special requests requiring approval by exception.