

OUTREACH EVENT PARTICIPATION REQUEST

GSPD-19-01 (Rev. 10/2019)

ORGANIZATION INFORMATION

ORGANIZATION NAME (no acronyms)

ORGANIZATION MISSION

BUSINESS ADDRESS

CITY

STATE

ZIP

ORGANIZATION WEBSITE

PRIMARY CONTACT NAME

WORK PHONE NUMBER

WORK EMAIL

ALTERNATE CONTACT NAME

WORK PHONE NUMBER

WORK EMAIL

EVENT INFORMATION

NAME OF EVENT

DATE(S) OF EVENT

TIME OF EVENT

LOCATION OF EVENT

EVENT ADDRESS

CITY

STATE

ZIP

EVENT HOST(S)

REGISTRATION LINK

REGISTRATION CONTACT PERSON

WORK PHONE NUMBER

WORK EMAIL

EVENT DESCRIPTION

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EVENT INFORMATION (cont.)

DGS Role(s) Requested:

Exhibiting

Workshop

Matchmaking

Panelist

Speaker

Other Describe: _____

Can the workshop be done by webinar? _____

Would you like to advertise this event on the DGS website? _____

How many businesses do you expect will attend? _____

Has your organization partnered with DGS in the past? _____

How does the event reach potential suppliers from specific ethnic, gender, disabled veteran groups and underserved geographic locations? _____

What is your organization's **Facebook** handle? _____

What is your organization's **Twitter** handle? _____

What is your organization's **Instagram** handle? _____

What hashtags will you use to promote this event on social media? (please limit to two) _____

All items on this form must be complete before management can approve to attend. DGS reserves the right to withdraw from an event due to circumstances beyond our control.