

**WEBINAR PARTICIPATION REQUEST**

GSPD (Rev. 4/2020)

**ORGANIZATION INFORMATION**

ORGANIZATION NAME (no acronyms)

ORGANIZATION MISSION

ORGANIZATION WEBSITE

BUSINESS CONTACT NAME

BUSINESS PHONE NUMBER

BUSINESS EMAIL

**WEBINAR INFORMATION**

NAME OF WEBINAR

DATE OF WEBINAR

TIME OF WEBINAR

WEBINAR HOST(S)

WEBINAR REGISTRATION LINK

WEBINAR DESCRIPTION

DGS ROLE(S) REQUESTED (check all that apply)

Workshop

Panel

Other:

Would you like to advertise this webinar on the DGS website?

How many businesses do you expect will attend?

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

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