

OUTREACH EVENT PARTICIPATION REQUEST

GSPD-19-01 (Rev. 07/2022)

ORGANIZATION INFORMATION

ORGANIZATION NAME (no acronyms)

ORGANIZATION MISSION

BUSINESS ADDRESS

CITY

STATE

ZIP

ORGANIZATION WEBSITE

BUSINESS CONTACT NAME

BUSINESS PHONE NUMBER

BUSINESS EMAIL

EVENT INFORMATION

NAME OF EVENT

DATE(S) OF EVENT

TIME OF EVENT

EVENT FORMAT

In person

virtual

hybrid

LOCATION OF EVENT (physical location and/or virtual platform)

EVENT ADDRESS

CITY

STATE

ZIP

EVENT HOST(S)

REGISTRATION LINK

REGISTRATION CONTACT NAME

BUSINESS PHONE NUMBER

BUSINESS EMAIL

EVENT DESCRIPTION

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EVENT INFORMATION (cont.)

DGS Role(s) Requested:

Exhibiting

Workshop

Matchmaking

Panelist

Speaker

Other Describe: _____

If doing a webinar or panel, can it be done virtually?

Would you like us to advertise this event on the DGS website and LinkedIn?

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?

Are you on LinkedIn? If so, please provide the link to your page.

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.