

**ALBERT DOTSON APPEARANCE
REQUEST FORM**

Need Appearance Confirmed With: Priority Status - 3-5 Business Days
 Normal Status – 10 Business Days

Requestor: _____ Requestor Contact Info:
Email: _____
Name of Organization: _____ A.M. Phone: _____
P.M. Phone: _____
Fax: _____

Program Coordinator: _____ Coordinator Contact Info:
Email: _____
A.M. Phone: _____
P.M. Phone: _____
Fax: _____

Event Date: _____ Event Time: _____

Type of Meeting/Event (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Induction Ceremony | <input type="checkbox"/> Mentoring Site Visit | <input type="checkbox"/> Presentation of Charter |
| <input type="checkbox"/> Press Conference | <input type="checkbox"/> Scholarship/Awards Banquet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prior to event | | |
| <input type="checkbox"/> During event | | |
| <input type="checkbox"/> After Event | | |

Event Theme/Focus: _____

Attire: _____

Location of Meeting/Event _____

Section II: Albert E. Dotson, Jr., Esq. to do the following (check all that applies):

- | | |
|---|--|
| <input type="checkbox"/> Guest Speaker (max. talk time _____) | <input type="checkbox"/> Present Charter |
| <input type="checkbox"/> Give Remarks (max. talk time _____) | <input type="checkbox"/> Present Awards |
| <input type="checkbox"/> Meet with Community Leaders | <input type="checkbox"/> Officer/Member Installation |
| <input type="checkbox"/> Panelist (Discussion topic details must be provided) | <input type="checkbox"/> Other _____ |

Section III: Requesting the following items (check all that applies):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Standard Program Booklet Letter | <input type="checkbox"/> Bio |
| <input type="checkbox"/> Customized Program Booklet Letter
<i>(Requires 10 business days. Program details must be provided)</i> | <input type="checkbox"/> Photo |
| | <input type="checkbox"/> Other _____ |

Section IV: Expenses covered by my organization/company include:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Air Transportation | <input type="checkbox"/> Ground Transportation | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Car Rental | <input type="checkbox"/> Incidentals | <input type="checkbox"/> Other _____ |

Section V: Comments:

Signature