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| ***Please complete the following form for your request to the Astrophysics Outreach Department at NASA Goddard Space Flight Center.*** | | |
| **First Name:** | **Last Name:** | |
| **Organization:** | | |
| **Phone:** | **Alternate Phone:** | |
| **Email Address:** | | |
| **Address:** | | |
| **City:** | **State:** | **Zip:** |
| |  |  | | --- | --- | | Yes | No |   **Materials Requested:** | | |
| **Shipping Address (If different):** | | |
| **City:** | **State:** | **Zip:** |
| **Event Name:** | | |
| **Event Address:** *(Please include any building or room name/number.)* | | |
| **City:** | **State:** | **Zip:** |
| **Event Date:** | **Event Start and Stop time:** | |
| **Speaker Start Time:** | **Audience Size:** | |
| **Audience Information (Expected Age Range):**   |  |  |  |  | | --- | --- | --- | --- | | Elementary School | Middle School | High School | Adult | | | |
| **Confirmation Requested:**  *If confirmation needed for publication or advertising, please provide date needed by.* | | |
| **Please Indicate Equipment Available:**   |  |  | | --- | --- | | Microphone | LCD Projector | | Computer/Laptop | Projector Screen | | Room Can Be Darkened | Power Outlets | | | |
| **Additional Information:**  *If any additional information is needed/requested, please list here.* | | |