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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 |

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| **Additional Information:***If any additional information is needed/requested, please list here.*       |