



## Event Details

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Thank you for contacting the GSA Office of Small and Disadvantaged Business Utilization (OSDBU). We appreciate your interest in having OSDBU participate in your event. All speaking requests must be submitted using this form.

Please submit speaking requests at least 30-60 days prior to the event. Note that all requests will be reviewed before a final determination is made. We will provide a response within 2 weeks of receiving your request.

Contact [osdbu@gsa.gov](mailto:osdbu@gsa.gov) if you have questions or need more information.

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## Event Details

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Event Sponsor/Organization (response required)

Agency (response required)

Agency

Component

Sub-component

Event Name (response required)

Event Type (select all that apply) (response required)

☐ Meeting

☐ Briefing

☐ Conference

☐ Summit

☐ Reception

☐ Awards Ceremony

☐ Webinar

☐ Roundtable

☐ Other

Event Purpose (response required)

Event Topic(s) (select all that apply) (response required)

☐ Doing Business with GSA

☐ Equity in Procurement

☐ Getting on the GSA Multiple Award  
Schedule

☐ GSA e-tools

☐ Marketing to the Federal Government

☐ Overview of GSA OSDBU

☐ Small Disadvantaged Business

☐ Women-Owned Small Business

☐ HUBZone Small Business

☐ Service-Disabled Veteran-Owned  
Small Business

☐ Small Business Compliance

☐ Subcontracting

☐ Small Business

☐ Other

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Are there specific themes/topics that OSDBU needs to discuss? If yes, please explain. (response required)

☒ Yes

☐ No

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Are there any sensitive topics (e.g., topics to avoid completely, topics to speak about with care, or topics to seek additional context on prior to the event)? If yes, please explain. (response required)

☒ Yes

☐ No

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If available, attach the event meeting agenda or flyer here or email the attachment to [osdbuspeaker@gsa.gov](mailto:osdbuspeaker@gsa.gov).

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In-person | Virtual | Hybrid (response required)

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Event Location (response required)

Address

Address 2

City

State Abbreviation

Postal Code

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Event Start Date (MM/DD/YYYY) (response required)

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Event End Date (MM/DD/YYYY) (response required)

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Event Time Zone (response required)

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Travel and Accommodation Logistics

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Presentation/Speech Details

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Speaker Requested (response required)

☐ Associate Administrator

☐ Director, Small Business Compliance and Goaling Division

☐ Chief of Staff

☐ Supervisory Small Business Technical Advisor, Small Business Advocacy and Engagement Division East

☐ Director, Small Business Advocacy and Engagement Division East

☐ Supervisory Small Business Technical Advisor, Small Business Advocacy and Engagement Division West

☐ Director, Small Business Advocacy and Engagement Division West

☐ Other

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Substitute Speaker

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Participation Type (select all that apply) (response required)

☐ Keynote

☐ Breakout Discussion

☐ Opening/Closing Remarks

☐ Moderator

☐ Panel Discussion

☐ Other

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Speaking Start Time (Example: 10:00 a.m.) (response required)

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Speaking End Time (Example: 11:00 a.m.) (response required)

Speaking End Time (Example: 11:00 a.m.) (response required)

Audience Details

Target Audience (response required)

Notable Attendees/Honorable Guests (List names and titles of Members of Congress, Cabinet Members, Heads of state, CEOs, or other VIPs in attendance.)

Estimated number of attendees/audience size

Anticipated Media Coverage (response required)

Contact Information

Event Coordinator / Speaker Requestor Contact Information (response required)

Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

Target Date for Speaker Confirmation (MM/DD/YYYY) (response required)

Additional Information

Please provide any additional information.

Submit Form

Please click the button below to submit the form.