## NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

## **State Support Request**



STATE	DATE OF EVENT	EVENT TYPE
POINT OF CONTACT (FULL NAME)	PHONE	EMAIL ADDRESS
ALTERNATE CONTACT (FULL NAME)	PHONE	EMAIL ADDRESS
NGAUS Support and/or Briefings		
Learn more about the efforts of your organization and what we're doing for members at a national level. Also hear about what you can do at a local or regional level. Check all categories of interest or let us know specific topics of interest you'd like to know more about.		
NGAUS President	NGAUS Chief of Staff	Membership & Benefits
NGAUS Insurance Trust	Legislative Affairs	Industry/Corporate  Membership
,	National Guard Education Foundation	onal Other (Specify Staff or Topic)
Please specify the date and time that you would like a NGAUS staff to perform their briefing.		
DATE		
Note: The NGAUS representative(s) may bring an exhibit display and promotional material. NGAUS support of your function is at no charge to the state. NGAUS assumes that exhibit space will be provided at no charge. Please advise if exhibit space is available.		
COMMENTS		

## Please return to the NGAUS Executive department:

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