## NATIONAL GUARD ASSOCIATION OF THE UNITED STATES State Conference Support Request



This form must be completed and submitted to NGAUS at least 30 days before the event.

STATE	DATE OF EVE	DATE OF EVENT		EVENT TYPE	
POINT OF CONTACT (FULL NAME)		PHONE EMA		EMAIL ADDRESS	
ALTERNATE CONTACT (FULL NAME)		PHONE EMAIL A		MAIL 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	GAUS President NGAUS Chief of Staff			Membership & Benefits	
NGAUS Insurance Trust Legislative Affairs			Industry/Corporate Membership		
Communications, National Gua Publications & Social Media Foundation		al Guard Educatio ation	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 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: