

**Vendor Request for Presentation, Demonstration, Briefing,
Or Test and Evaluation**

Vendor Name/Address/CAGE Code/Web Site	
Point of Contact	
Telephone Number	
Facsimile Number	
E-mail Address	
Vendor Category (service or product)	
Event Requesting:	Presentation <input type="checkbox"/> Demonstration <input type="checkbox"/> Briefing <input type="checkbox"/> Type: desk side <input type="checkbox"/> conference <input type="checkbox"/> Test and Evaluation <input type="checkbox"/>
Description of Topic (in sufficient detail to enable the Government to ascertain whether the requested event is pertinent. If insufficient information is provided, the request will not be entertained.)	
Relation of this product/service to any currently-supported NETCOM/9 th ASC program.	
Relevance to the Army and/or existing Army system(s) or program(s)	
Date Event Requested (must be a minimum of one month after request)	
Current involvement in NETCOM/9 th ASC Programs	
Whom Vendor Visited Previously Regarding this Topic	
Current NETCOM/9 th ASC Point of Contact for this Topic	
Facility Requirements/Support Items for Briefing/Presentation/ Demonstration	
Facility Requirements/Support Items for Test and Evaluation	
Connection requirement to Government network resources or any other special requirements.	
Read-ahead Slides/Documents Attached? (Slides/documents must be MS Office Suite-compatible and slides must be in Powerpoint)	