BES Meeting Request Questionnaire

This form is to be completed and emailed to besstratcomm@us.af.mil
Please include your company's capability statement, any read ahead slides, and/or background information in your email.

All fields are required. If the question is not applicable, please put "NA."

Point of Contact Information (Person scheduling the meeting)		
Full Name:		
Phone Number:		
Email Address:		
Do you have access to get on base?		
Are you requesting an in-person or virtual meeting?	Virtual	In-person

Company Information		
Company Name:		
Web Address:		
Are you a large or small company?		
Do you fit into either of the social economics categories? (Please Specify)		
Do you have a BES Contract?		
If yes, what division/program(s) do you support?		
 If yes, are you the primary contractor or subcontractor? 		
What is the contract number?		
 Who is the Program Manager? Name: Email Address: Phone Number: 		
 Who is the Contracting Officer? Name: Email Address: Phone Number: 		

Meeting Information		
What is the topic of your discussion?		
What is the date/time requested for the meeting? Alternate date/time? ***All times are Central.		
Option 1:		
Date:		
Time:		
Option 2:		
Date:		
Time:		
Comments:		
Provide a list of attendees, including titles:		
What is your expectation of meeting with BES personnel?		