



BES Meeting Request Questionnaire

This form is to be completed and e-mailed to besstratcomm@us.af.mil
Include any read ahead slides and/or background information in your email
If the question is not applicable, put "NA."

POINT OF CONTACT INFORMATION (Person scheduling the meeting)

Full Name	
Phone Number:	
Email Address:	
Do you have access to get on base? <i>*Required</i>	

COMPANY INFORMATION

Company Name:	
Web Address:	
Are you a large or small company? <i>*Required</i>	
Do you fit into either of the social economics categories? <i>(Please Specify)</i>	
Do you have a BES Contract? <i>*Required</i>	
<ul style="list-style-type: none"> <i>If yes, what division/program(s) do you support?</i> 	
<ul style="list-style-type: none"> <i>If yes, are you the primary contractor or subcontractor?</i> 	
<ul style="list-style-type: none"> <i>What is the contract number?</i> 	
<ul style="list-style-type: none"> <i>Who is the Program Manager?</i> <i>Name:</i> <i>Email Address:</i> <i>Phone Number:</i> 	
<ul style="list-style-type: none"> <i>Who is the Contracting Officer?</i> <i>Name:</i> <i>Email Address:</i> <i>Phone Number:</i> 	

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?	