



California Department of General Services, Procurement Division, Outreach

*The Office of Small Business (SB) and Disabled Veteran Business Enterprise (DVBE) Services commit to helping small and disabled veteran businesses thrive. We assist businesses with certification and access to procurement opportunities through outreach, education and advocacy.*

## Event Request Form for DGS Participation

Complete one event request form per event

Organization name *(no acronyms)*

---

Organization mission

Organization address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Primary contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Time of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event host(s): \_\_\_\_\_

Registration link: \_\_\_\_\_

Registration Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Overview information (*include purpose of event, audience*)

DGS role requested:      Exhibiting      Workshop      Matchmaking      Panelist      Speaker\*  
Other (*describe*) \_\_\_\_\_

Projected number of attendees: \_\_\_\_\_

Sponsorship/Participation fee requested: \_\_\_\_\_  
**(amount is subject to approval and is not guaranteed)**

Has your organization partnered with DGS in the past? \_\_\_\_\_

Does the event provide an opportunity for branding coverage for DGS? Check all that apply.

Opportunity to reach potential suppliers from specific ethnic, gender, disabled veteran groups and underserved geographic locations.

\*Offer high visibility for DGS to take a leadership role in key communities and potential speaking opportunity for DGS executive level staff.

Opportunity for DGS to advertise through organization website, program book, marketing material, etc. (to be negotiated)

Other (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**All items on this form must be complete before management can approve to attend. DGS reserves the right to withdraw from any event due to circumstances beyond our control.**

---

For DGS use only: Amount Approved \$ \_\_\_\_\_

---

Submit this form to [StrategicPartner@dgs.ca.gov](mailto:StrategicPartner@dgs.ca.gov)

Department of General Services, Procurement Division • 707 3<sup>rd</sup> Street, 2<sup>nd</sup> Floor West Sacramento, CA 95605 Contact • Website <http://www.dgs.ca.gov/pd/Home.aspx>