## Request for Attendance

Requester
Requester's Organization Affiliation
Is the requester an individual, a non-profit or for-profit?
Individual country of origin
Individual language spoken
Full address of the organization
Organization's mission
Full address of event
Date and time of program
Target audience; who is expected to be in attendance

How do you see the Office on African Affairs being involved in the progra	ım?
Description of program/meeting/conference	
Goals of program/meeting/conference	
Objectives of program/meeting/conference	
Send forms to the DC Mayor's Office on African Affairs at:	
2000 14th Street NW, Suite 400 N Washington, DC 20009	
Or scan and email to: oaa@dc.gov	