

SECURITY ASSESSMENT TEAM

EVENT INFORMATION FORM

1. EVENT: _____

2. SPONSORED BY: _____

3. POC AND PHONE NUMBER: _____

4. PROPOSED DATE: _____

5. LOCATION OF EVENT: _____

6. GENERAL CONCEPT OF THE EVENT: _____

7. NUMBER OF ATTENDEES: _____

8. HOW AND WHEN WILL ATTENDEES ARRIVE AT USMA (include # of cars, busses expected, etc): _____

9. PROPOSED PARKING AREA(S): _____

10. ARE ADDITIONAL SECURITY REQUIREMENTS (E.G. CLASSIFIED MANAGEMENT SUPPORT) REQUIRED FOR ATTENDEES/BRIEFINGS, ETC:

SAT RECOMMENDATION/DECISION: _____
