**Date Prepared:**

| CORPORATE INFORMATION |
| --- |
| **Use** [**Additional Information**](#Additional_Information) **for relevant material not addressed**   | Corporate Name: | | | **[Provide Input]** | | | | | | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Corporate Business Type** | | | | | | | | | | **Reseller:** |  | **Service Provider:** | |  | **Integrator:** |  | **Original Equipment Manufacturer (OEM)** |  | | **Other (Specify):** | | |  | | | | | | | Corporate Mission: | | | **[Provide Input]** | | | | | | | Corporate Website | | | **[Provide Input]** | | | | | | | Small Business Information | | | | | | | | | | **Is this a small business concern? Yes No X** | | | | | | | | | | **If yes, has this company met with the DISA Office of Small Business Programs (OSBP)? Yes No N/A X** | | | | | | | | | | **If Yes, when? (Month/Year) N/A** | | | | | | | | | | Acquisition Information | | | | | | | | | | **Does your company/sector have any ongoing bids or source selections submitted to DISA? Yes No X** | | | | | | | | | | **If yes, please list:** | | | | | | | | | | **Is/has your company responded to any current DISA-issued RFIs or RFPs? Yes No X** | | | | | | | | | | **If yes, please list:** | | | | | | | | | | **Does your company work with DISA as a subcontractor? Yes No X** | | | | | | | | | | **If yes, please list:** | | | | | | | | | |
| Corporate Contact Information |
| | POC Name and Title | **[Provide Input]** | | --- | --- | | POC Email | **[Provide Input]** | | POC Phone (Office) | **[Provide Input]** | |

**[.](#TOP)**

| MEETING REQUIREMENTS |
| --- |
| **Use** [**Additional Information**](#Additional_Information) **for relevant material not addressed. Place an “X” for the type(s) below.** |
| | **Product Briefing/Demonstration (**[**See Additional Information**](#Additional_Information)**)** |  | **Small Business Assistance** |  | | --- | --- | --- | --- | | **Meeting – Technical Exchange (TEM)** |  | **Meeting – Assistant to the Director** |  | | **Meeting – DISA Senior Leader (Identify below)** |  | **Meeting – Executive Deputy Director** |  | | **Meeting – Program or Manager (Identify below)** |  | **Meeting – DISA Director** | **X** |   **Other:**  **Request for an extended meeting: 30 minutes If more time is required, please explain why in the area below:** |
| Purpose of the meeting: |
| **[Provide Input]** |
| List the questions that you would like addresses in this meeting |
| **[Provide Input]** |
| Identify any previous interactions with DISA (Group, person, dates, and purpose) |
| **[Provide Input]** |
| Identify other DoD services, agencies, organization, where your product or service is being used. |
| **[Provide Input]** |

**[.](#TOP)**

| CORPORATE ATTENDEES AND BIOGRAPHIES |
| --- |
| Attendee 1: Name, Title/Role |
| **Biography (with Photo)** |
| Attendee 2: Name, Title/Role |
| **Biography (with Photo)** |
| Attendee 3: Name, Title/Role |
| **Biography (with Photo)** |
| Attendee 4: Name, Title/Role |
| **Biography (with Photo)** |
| Attendee 5: Name, Title/Role |
| **Biography (with Photo)** |

**[.](#TOP)**

| **ADDITIONAL INFORMATION** |
| --- |
| **Product Briefing/Demonstration**  **Please provider a read-ahead of your product briefing or demonstration. If not available, please respond to the questions below.**  **Briefly describe Your product or service (define all acronyms).**  Response:  Describe how your product will enhance DISA and why.  Response:  Identify what organizations in DISA, the DoD, or the Federal Government that are using this product or service.  Response:  **[Provide Additional Input (if needed)]** |

**[.](#TOP)**