

EVENT FLYER

A P P L I C A T I O N

ALL INFORMATION REQUIRED BEFORE RETURN

EVENT INFO

Event Name

Event Date and Time

LOCATION INFORMATION

Location Name

Location Address (Please specify room numbers, if applicable)

DESCRIPTION OF EVENT

COST OF EVENT

REGISTRATION LINK

MISC. INFORMATION

Links Needing to be Included

Partners Name and Info (Include logos in attachment to email)

Presenters/Speakers with Titles (Include headshot pictures in attachment to email)

☐

Yes

☐

No

Will lunch be provided?

Who will be providing lunch?

THANK YOU FOR YOUR INFORMATION

Please sign to verify information

PLEASE INCLUDE LOGOS/PICTURES AS ATTACHMENTS IN EMAIL