

## **EVENT INQUIRY FORM**

This event form is fillable. Please download to your desktop to begin.

Contact Info							
Name:	Click or tap	here to enter text.		<u></u>			
Title and							
Organization:	Click or tap here to enter text.						
Email: Click or ta		o here to enter text.	_Phone Number:	Click or tap here to enter text.			
Event Info							
Ev	ent Name:	Click or tap here to enter text.					
Event Date:		Click or tap to enter a date.					
Event Start and End Time:		Click or tap here to enter text.					
E	vent Type:	Choose an item.					
Event Description and	d Purpose:	Click or tap here to enter text.					
Targeted	Audience:	Click or tap here to enter text.					
Organization(s	) involved:	Click or tap here to enter text.					
		Choose an item.					
Address (II lieed	eu onsite).	Click or tap here to enter text.					
If onsite location	on, number	or attendees, seating/standing	g arrangements a	nd parking?			
Click or tap her	Click or tap here to enter text.						
If Virtual or Au	dio, is it LIV	/E or Pre-recorded? Choose an i	tem.				
Host: Click or tap here to enter text.							
Moderator (if	different fro	om Host): Click or tap here to er	nter text.				

Please list each panelist with title and organization:

**Treasurer Role and Duration Requesting:** Click or tap here to enter text.

Name	Title	Organization



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Press Invited? Choose an item.

Will questions come from attendees at the event before, during or after? Click or tap here to enter text.

Is a prep call necessary? If so, how far in advance? Click or tap here to enter text.

Instructions to access event? (Parking, dial in, link, etc.) Click or tap here to enter text.

Will Treasurer be included in promotional materials (flyers, press releases, etc.)

Click or tap here to enter text.

## **Additional Notes/Comments**

Click or tap here to enter text.

Thank you for your request.

Please send this completed form back to our office as well as a flyer and Run Of Show. If there is a deadline, please note in the comments.