PROPOSED EVENT FORM
LAM 2020

All dates, times and locations must be verified and please be specific with the information provided.
All information must be filled in and accurate. The proposed events must be held on separate days. Complete one form per event.

Please do not leave any blank spaces
USE SEPARATE SHEET IF NECESSARY

Agency Name				
City	County		Proposed number of clients to be served:	
Contact Person	Contact Person Telephone **(cannot be a home phone number)**		Contact Person Email	
Date of Proposed Event **(One event per form)**	Summary of event Provide a brief, detailed summary of your event. **30 word limit. Use complete sentences. 3 lines maximum.**		Location event will be held **(List name of facility, address, city, phone number to be used by the public)**	Time event will be held
	Event Name: _____ **Summary:** Sample Description: A health education session regarding lupus with facilitated dialogue, lupus screenings, and community participation. **3 line maximum**			

Please note that retail sale of products is prohibited at these events. MGS 2020_____

Attach additional sheets as necessary. Signature: _____Executive Director (Blue Ink)

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MGS 20 _____

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Executive Director: _____

(Print name)