

Event Form

Spit for the Cure

Contact Information		
<i>Event Name</i>	<i>Date of Event:</i>	
<i>Contact for Event:</i>	<i>Phone Number ()</i>	
<i>Alternate Number: ()</i>	<i>Email:</i>	
Event Information		
<i>Anticipated Attendance:</i>	<i>Inside Event: Yes ___ No ___</i>	
<i>Address of Event:</i>	<i>Address of Contact:</i>	
<i>Time for Setup:</i>	<i>Time Event Starts:</i>	<i>Travel Time to Event:</i>
<i>Tables:</i>	<i>Chairs:</i>	<i>Sponsor Provided: Yes ___ No ___</i>
Supplies (To be completed by UAMS Staff)		
<i>Number of Packets Needed:</i>	<i>Number of Recruiters:</i>	
<i>Recruiters Attending:</i>		
Media		
<i>Media Release Requested: Yes ___ No ___</i>	<i>Materials Provided to Event Coordinator:</i>	
<i>Notes:</i>		

This is a confidential document, and it is the recipient's responsibility to assure that it is not copied or distributed