



Please return completed form to Linda - lindap@soundgenerations.org

Less than 50 guests – we need a 3 week notice

More than 50 guests – we need a 4 week notice

CONTACT INFORMATION		
Organization:		
Contact Name:		
Phone #:	Email:	
EVENT INFORMATION		
Presentation Type (Select One) – Note: Questions/answers are included in all presentations		
<input type="checkbox"/> About SHIBA <input type="checkbox"/> Medicare Getting Started <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Exhibitor table <input type="checkbox"/> Staff Training		
Name of Event:		
Date of Event (Preference 1):	Date of Event (Preference 2):	
Preferred Start Time (Select One): <input type="checkbox"/> 11am-12:30pm <input type="checkbox"/> 12pm-1:30pm <input type="checkbox"/> 1pm-2:30pm <input type="checkbox"/> Other _____		
Street Address:		
City:	State:	ZIP:
Approximate # of Attendees:	Parking Available? Type?	
Open to Public: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, do we have your permission to post to the SHIBA Events Calendar? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EQUIPMENT NEEDS		
Select All We Need to Bring: <input type="checkbox"/> Projector <input type="checkbox"/> Laptop		
MARKETING INFORMATION		
Select Information Needed: <input type="checkbox"/> Flier Template <input type="checkbox"/> Newsletter/Press Release Blurb		
Deadline for Information:		
COMMENTS		
Interested in receiving more information about our Senior Rights Assistance Legal Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Office Use Only
Date Received: