



Network Pre-Event or Activity Registration

Network: _____

Event: _____

Date: _____

Time: _____

Location: _____

Event Coordinator(s): _____

Contact information: _____

Please provide a brief description for each of the following:

Overview and goal of the event: _____

Estimated Attendance:

Registration required:

Cost to attend (include cost, how money will be collected, and what guests receive as part of their registration): _____

Communications plan: _____

Upload Photo (optional): If possible, please include names of individuals in the photo