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