

Event Request Form

Organization:			
Contact Name:		E-mail:	
Telephone Number:		Fax Number:	
Address:		City:	Zip Code:
Location/Address of Event (if different from address above):			
Details: (room number, parking, etc.)			

Event Title / Topic (choose from topic list):		
Date:	Time Start:	Language(s):
Day of Week:	Time End:	
Please choose alternative dates/times if we are unable to accommodate your first choice:		
Alternate Date #1:	Alternate Date #2:	Alternate Date #3:

Which of the following equipment will be available on site? <i>(not required, but suggested)</i>	
<input type="checkbox"/> Laptop <input type="checkbox"/> Projector <input type="checkbox"/> Screen/Wall <input type="checkbox"/> Speakers <input type="checkbox"/> Widescreen TV with HDMI <input type="checkbox"/> None <i>(Double click on boxes to check)</i> <input type="checkbox"/> Other:	
How many people do you expect to attend? <i>(minimum attendance of 10 required)</i>	
Who will the audience(s) be?	
<input type="checkbox"/> Caregivers/Family Members <input type="checkbox"/> General Community <input type="checkbox"/> Congregation/Parishioners <input type="checkbox"/> Senior Citizens <input type="checkbox"/> Other:	
Would you like us to promote your event to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Name to be Listed on Publicity:	
RSVP/Contact Telephone Number and/or Email:	

Please return completed form via email, mail or fax to:

Alzheimer's Los Angeles, Attn: Kimiko Kelly
 4221 Wilshire Blvd Suite #400 Los Angeles CA 90010
 Fax to (323) 938-1036 kkelly@alzla.org

Internal Notes: