# 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:

<table>
<thead>
<tr>
<th>Alternate Date #1</th>
<th>Alternate Date #2</th>
<th>Alternate Date #3</th>
</tr>
</thead>
</table>

**Which of the following equipment will be available on site?** *(not required, but suggested)*

- Laptop
- Projector
- Screen/Wall
- Speakers
- Widescreen TV with HDMI
- None

(Double click on boxes to check)

**Other:**

**How many people do you expect to attend?** *(minimum attendance of 10 required)*

**Who will the audience(s) be?**

- Caregivers/Family Members
- General Community
- Congregation/Parishioners
- Senior Citizens
- Other:

**Would you like us to promote your event to the public?**

- Yes
- No

**Contact Name to be Listed on Publicity:**

**RSVP/Contact Telephone Number and/or Email:**

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**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:**

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