



DATE:

CONTACT INFORMATION

NAME (First, Last)	ORGANIZATION
EMAIL	PHONE

EVENT INFORMATION

NAME OF EVENT	DATE OF EVENT
ADDRESS OF EVENT	START AND END TIME
OPEN TO THE PUBLIC? INVITE/RSVP ONLY?	ANTICIPATED NUMBER OF ATTENDEES
VIP ATTENDING?	ANY KNOWN THREATS?
WHO SHOULD BE INVOICED? Name: Address: Phone Email	ADDITIONAL INFORMATION

Please completely fill out this form and email it to jbrown@securecommunitynetwork.org.
Special Event requests will not be processed until this form is completed.
Thank you!