

Committee or Event Flier Request

Please fill out this form **COMPLETELY**. All flier requests must be submitted **AT LEAST 10 BUSINESS DAYS** prior to your event.

Name of committee, meeting, or	event:		
Date of meeting/event:		Start time:	End time:
Where event is being held:			
Street:			Room:
City:	State:		ZIP:
Choose type of meeting:	In-Person Only	Online Only	Hybrid
Virtual meeting link: Type N/A if meeting is in-person only.			
		Virtual meeting password: Type N/A if meeting is in-person only.	
Is dinner or another meal being p	orovided: Yes	No	
Contact person:	Contact email:	C	ontact phone:
Agenda:			
Guest speaker: Yes	No		
If yes to guest speaker, please ind If you have a guest speaker headsho			.com
Committee leadership informatio Type N/A if your request is not a comm		ottom of flier (Ex: Sally Jon	es, Chair, Bob Smith, Co-Chair)
Other information to include on f	lier:		