



THIRD PARTY EVENT FORM

CONTACT INFORMATION

Contact person:

Title:

<input type="text"/>	<input type="text"/>
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Please indicate which category best describes your organisation:

Individual Business School Community/social club Other

If "other", please describe:

<input type="text"/>

Address:

<input type="text"/>

Phone:

<input type="text"/>

Email:

<input type="text"/>

EVENT DESCRIPTION

Event Name:

<input type="text"/>

Type of activity:

<input type="text"/>

Event date & time

<input type="text"/>

Location / Venue

<input type="text"/>

Brief description of event:

<input type="text"/>

Event target:

<input type="text"/>
