



Event Form

Organization/Business Information

Organization/Business Name: _____

Owner/Organizer Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Email: _____

Event Information

Name: _____

Date: _____ Time: _____

Location: _____

Details (parking, accessibility, etc):

Contact person for event/promotion: _____

What are your goals or expected outcomes?

If you intend to collect donations, please explain how:

When should promotional material be shipped? By when?

Please provide the following links so that we can help promote your event.

Website: _____

Facebook: _____

Instagram: _____

Twitter: _____

Other: _____

Is there any other information you'd like to share?



Women's Center of Greater Lansing
1710-1712 E Michigan Ave
Lansing, MI, 48912
517-372-9163
www.womenscenterofgreaterlansing.org