



**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](mailto:jbrown@securecommunitynetwork.org).  
 Special Event requests will not be processed until this form is completed.  
 Thank you!