

42D FORCE SUPPORT SQUADRON MARKETING ACTIVITY REQUEST FORM

Name	
Email	
Phone Number	
Facility Name	

EVENT INFORMATION

Event Name	
Event Description	
Event Date(s)	
Event Start/End Time	
Event Cost	
Event Location	
Registration Deadline	

MARKETING MATERIAL

<p>Please describe the marketing materials you need. (<i>Handouts, Web, TV, Magazine</i>)</p>	
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SPONSORSHIP INFORMATION

<p>Projected Attendance</p>	
<p>Dollar amount of sponsorship requested</p>	
<p>How will sponsorship money be utilized?</p>	
<p>Can the sponsor have a booth space at the event?</p>	