MICHIGAN DEAGN CENTER Event Information Form

(For Articles & Promotion Purposes)

Name of Ever	nt:					
Hosted By:(Sl	nowroom(s) _					
Event Date:				Start Time:		End Time:
Event Type:	Event Type: In Person		Virtual			
Location:	MAR Showroom #					
Attendees:	Trade Membe	ers	Consur	ners	Both	Trade Member & Guest
Max N	lumber of Atter	ndees:				_
RSVP's Requ	ired: Yes		No			
RSVP to: (Em	ail/Contact Na	me/We	ebsite) _			
RSVP Deadlin	ne Date:					
CEU Credits: Yes		No		If Yes	s, How Mar	ny Credits:
CEU Title:						
Event Descrip	otion/Topic:					
Speeker(a):	Voo	No				
Speaker(s):						
Name	(S) & Anniauon	•				
* Please provid	le MDC with at I	east on	e web-re	solution	image; prefe	erable several, with images
related to the e	vent, including a	a profes	sional he	adshot c	of the guest s	speaker or presenter.
Refreshments	/Meal Served:	Yes		No		
(Describe)						
Giveaways or	Raffle:(Descri	be)				
Send a direct	mail invite sen	t to MD)C's mai	ling list:	Yes	No

* Mailings must be approved by MDC's General Manager and coordinated with one of our approved printers/mail houses. Tenants are responsible for all expenses. At least 60 days advanced notice required.

* If your event is being held in the Mid America Room, we will send a separate form to confirm your setup and equipment needs