

Corporate Member Event Request Form

Requestor's Information

Company: _____
Name: _____ Phone Number: _____
Email: _____

Event Information

Event Name: _____

Event Point-of-Contact Name: _____
Contact Phone: _____ Contact Email: _____

Type of Event: Workshop Trade Show Seminar/Panel Discussion
 Educational Fundraising Other: _____

Date(s) of Event: _____ Time of Event: _____

Purpose of Event: _____

Location: _____ Expected # of Guests: _____

Event Details: _____

SOC's Involvement

What involvement is needed from the SOC office (i.e. insurance, marketing, fundraising)?

How will the SOC benefit from this event? _____

SOC Event Contact Information

Please send your completed Event Request Form to the SOC Office, at socoffice@soc.org, and SOC Events Chairperson Mark August, at markaugust.soc@gmail.com.
Feel free to call the SOC Office with any further questions at 818.563.9111.

For Office Use Only

Approval: _____ Approved Date: _____ Approved By: _____

Comments: _____

