

# SCHEDULE REQUEST

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## EVENT INFORMATION

EVENT TITLE

SPONSORING ORGANIZATION

TYPE OF ORGANIZATION

DATE

/ /

DAY

START TIME

END TIME

CITY

LOCATION NOTES

ADDRESS

CONTACT NAME

TITLE

CONTACT E-MAIL

PHONE

ALT. PHONE

AUDIENCE BACKGROUND

NUMBER EXPECTED

FORMAT/DETAILS

ORGANIZER NEEDS:

- SHORT BIO    PICTURE  
 LONG BIO    OTHER:

## ▼ OFFICE USE ONLY ▼

REQUEST DATE OF

/ /

BY

STATUS

AC    DE

EVENT CONFIRMED

/ /

BY

ORGANIZER NEEDS

BIO    PHOTO

NOTES

FOLLOWUP

COMPLETED

FOLLOWUP

COMPLETED

FOLLOWUP

COMPLETED