## LVMAC EVENT SUBMISSION FORM

To submit an event for posting and distribution and website, please fill out the information below and submit by email to <u>Admin.Office@lvmac.org</u> or by letter to LVMAC, 39 South Sixth St., Allentown, PA 18101. LVMAC requires that posted events pertain to or benefit the military-veteran community.

Event Details.

	t Details.
	Event Name:
	Type of Event: (Select from list or enter your own.)
	Organization Submitting:
Organiz	zation is an LVMAC Member:
	Additional Information/Description:
Date 1	Information:
	From Date: (MM/DD/YYYY)
	To Date:
	Start Time: (HH:MM am/pm)
	End Time:
	Scheduling Notes:

## **Event Location:** Place Name: Address1: Address2: Town: (Select from list or enter your own.) State: Zip Code: (XXXXX-xxxx) **Registration Information:** Registration or RSVP Required: Admission/Event Price: per For Additional Information or to Register, contact: Website: Name: Email Address: (XXX-XXX-XXXX Ext XX) Phone No: Form Submission by:

Name:

Email Address:

Phone No: