

2018 NAME Day EVENT INFORMATION Application

Contact Person's Name: _____ Email: _____

Phone #: _____ NAME Region in which Event will occur: _____

Group/Event/Club Name: _____

Address of Event: _____

City/State or Province _____

Date of Event: _____ Time of Event: _____

Scale(s) of Project at this Event: _____ Costs of Event: _____

Other Pertinent Event Info: *(food/meals? Door prizes? Gifts? Roundtables? Tote bags? other?)*

Dates Sign Ups will be Accepted: (beginning & end) _____

Which scale do you want your free kit to be? 1" _____ 1/2" _____ 1/4" _____

(Only one free kit, in one scale will be provided this year. Please contact the cutter of your choice to provide you with additional kits at their cost)

Where should we send the free kit(s)? *(complete address please?)*

What **contact** information do you want published on the NAME website and in the Gazette?
(Please fill in only the information you actually want published in the Gazette and on the Internet)

Name? _____ Email? _____

Phone #? _____

If more information needs to be provided to your participants, please have a flyer ready to send to people who inquire about your event.

Submit this form to Luci Hanson, 5531 Riverbanks Rd, Grants Pass, OR 97527

hansonminis@me.com

541-479-2354