

2024 NAME Day Event Registration Application

Contact Person's Name _____ Email _____

Phone Number: _____ NAME Region where the event will occur: _____

Group/Event/Club Name _____

_____ Club Event Only _____ Open to any NAME Member who registers with us

Address of the Event: _____

City/State or Providence _____

Date of Event: _____ Time of Event: _____

Scale(s) of Project at the Event: _____ Cost of Event: _____

Dates Sign Ups will be Accepted (Beginning and End) _____

Since these kits have been offered in the past, no free will be provided this year. However, event planners can order up to three kits early.

Please contact the cutter of your choice to provide you with additional kits at their cost.

Where should we send these kit(s)? (Complete address please). These kits will be sent after June 1, 2024.

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

Name: _____ Email: _____

Phone Number: _____

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

Submit this form to Beth Grabau
510 S 9th St, Adel, Iowa. 50003
greta@alumni.iastate.edu