



EVENT REQUEST FORM

CHAPTER INFORMATION

Chapter Name: Richboro, PA
 Chapter Address: 47 Nikol Drive, Richboro, PA 18954

INSTRUCTOR INFORMATION

Instructor Name: Robert Donnelly
 Instructor Phone #: 215-776-4249
 Instructor Email: rdonnellya3@gmail.com

Booking Policy: Event Request forms must be received a minimum 7 weeks prior to classes that require tuition and 6 weeks prior to classes that are free. No events will be scheduled beyond 6 months unless required by a venue. Initial: RD

Cancellation/Rescheduling Policy: If an event is cancelled/rescheduled by the instructor, except for factors deemed out of his/her control, after the event has been scheduled/booked with a particular venue the instructor will be subject to a \$50.00 cancellation/rescheduling fee for each venue that needs to be cancelled/rescheduled. Initial: RD

Scheduled/Booked: A venue is deemed scheduled/booked when we have acquired a contract, and Instructor has received the event booked confirmation email from Event Registration. Initial: RD

Deemed out of our control: If the event is cancelled/rescheduled due to factors out of our control, i.e. weather, death in the family, or any other unforeseen reason, there will be no cancellation/rescheduling fee. Initial: RD

Cancellation/Rescheduling payment: Payment must be received within 48 hours of initial request or an additional \$25.00 per venue will be charged. The instructor will not be allowed to request new events until payment is received. Initial: RD

COURSE EVENT INFORMATION

Course Title: Social Security Benefit Options
 Desired Venue: Silver Spring Civic Building, One Veterans Place, Silver Spring, MD 20910
 Backup Venue 1: _____ Backup Venue 2: _____ Backup Venue 3: _____

Desired Dates & Times:
 (Please list in order of preference)

1. Date: <u>1/22/20</u>	2. Date: <u>1/23/20</u>	3. Date: _____	4. Date: _____	5. Date: _____	6. Date: _____
Time: <u>6:00pm</u>	Time: <u>6:00pm</u>	Time: _____	Time: _____	Time: _____	Time: _____

I would like to book a total of 2 dates at this venue.
 Any additional dates are assumed to be backup dates if the first _____ are not available.

Comments:
 Zip Codes: 20910, 20902
 20011

Ages 60 to 68 or 58 to 68 whatever fits the 6000 mailers

COURSE EVENT INFORMATION

Course Title: _____

Desired Venue: _____

Backup Venue 1: _____ Backup Venue 2: _____ Backup Venue 3: _____

Desired Dates & Times:
(Please list in order of preference)

1. Date: _____ 2. Date: _____ 3. Date: _____ 4. Date: _____ 5. Date: _____ 6. Date: _____

Time: _____ Time: _____ Time: _____ Time: _____ Time: _____ Time: _____

I would like to book a total of _____ dates at this venue.
Any additional dates are assumed to be backup dates if the first _____ are not available.

Comments:

COURSE EVENT INFORMATION

Course Title: _____

Desired Venue: _____

Backup Venue 1: _____ Backup Venue 2: _____ Backup Venue 3: _____

Desired Dates & Times:
(Please list in order of preference)

1. Date: _____ 2. Date: _____ 3. Date: _____ 4. Date: _____ 5. Date: _____ 6. Date: _____

Time: _____ Time: _____ Time: _____ Time: _____ Time: _____ Time: _____

I would like to book a total of _____ dates at this venue.
Any additional dates are assumed to be backup dates if the first _____ are not available.

Comments:

ADDITIONAL EVENT INFORMATION

Please check equipment that you would like venues to provide for you, if available (this can sometimes be an extra expense for you, the CP)

Screen Projector Laptop or Desktop Podium Registration Table

Special Requests: _____

Robert Donnelly

Signature

Robert Donnelly

Printed Name

12/9/19
Date