

## **Event Request**

200 W Washington St, Phoenix, Arizona 85003 Wk: 602-262-7493

elizabeth.perez@phoenix.gov

Date of Request:			Reques	Requested By:		
Contact Name:						
Email:						
Phone number:	C:	Wk: Hm:				
Event- On-site co	ntact per	son: Cell:				
Date of Event:			Start Time	):	End Time:	
Event Title:						
Topic <b>AND</b> Type of event or meeting: (ie: Press Conf., Ribbon Cutting, Grand Opening, Ground Breaking)						
Tropic <b>AND</b> Type of event of frieeting. (ie. Press Coril., Ribbott Cutting, Grand Opening, Ground Breaking)						
All events require an agenda & a list of elected officials/dignitaries invited.						
Organization/ Business Sponsor:						
- · g-····						
Nature of Audien	ce: (Che	ck all that apply)				
Local Out	of State	International	Approx	# Attending:	Attire:	
Which Media have been invited?						
**************************************						
Welcoming Remark		Short Remarks	Speaker	Panel Member [		
1-3 minutes		4-6 minutes	10 minutes +			
Requested appearance time: F		: FROM:	AM 🗌	РМ 🗌 ТО:	AM PM	
EVENT LOCATION						
Building/ Location Name:						
Street Address:						
Floor/Room/Ste:						

Once this request is reviewed, our scheduler will confirm the meeting date and time.

Please note, meeting requests MUST be submitted at least 2 weeks in advance.