



ONONDAGA
EAST
CHAMBER

EVENT PROPOSAL REQUEST FORM

Event Type: **Networking** **Social** **Learning** **Ribbon Cutting**

Event Name _____

Description _____

Requested Date _____ Requested Time Frame(s) _____

Address _____

Location _____

Event Includes _____

Event Coordinator Contact Information

Business _____

Contact _____

Title _____

Phone _____

Email _____

ATTENDEES **Members Only** **Member/Guest** **Open to Public**

Charge to attend? _____

Advertising Plan? _____

RSVP Date _____ Alternative Date/Time _____

Please email form to onondagaeast@gmail.com



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